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THE NEW SYDENHAM SOCIETY.

INSTITUTED MDCCCLVIII.

VOLUME X.

Periodicals

THE

NEW SYDENHAM SOCIETY'S

YEAR-BOOK

OF

MEDICINE, SURGERY,

AND THE

ALLIED SCIENCES,

FOR

1860.

[illegible] SCH[illegible] MEDICINE

EDITED BY

DR. G. HARLEY, DR. HANDFIELD JONES, MR. HULKE,
DR. GRAILY HEWITT, AND DR. SANDERSON.

THE NEW SYDENHAM SOCIETY.

LONDON.
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PREFACE.

THE present volume:—being the New Sydenham Society's YEAR-BOOK' for 1860, although of but slightly increased size, contains, in consequence of a smaller type having been employed, a third more matter than its predecessor. The volume differs still farther in the arrangement of the material. The abstracts, where abstracts are given, immediately follow the title or titles of the papers or treatises to which they refer.

It has been thought better not to attempt any alphabetical arrangements of the titles, but to group together those papers which refer to cognate subjects. By this method the reader's convenience will probably be better served than by any other more arbitrary plan of classification. By reference to the Index the reader will always be able to discover any author's name, or the title of any paper, for which he may be in search.

77, HARLEY STREET, W.;
June, 1861.

POSTSCRIPT.—*Editors of Journals and Authors of Books, Pamphlets, or Papers are invited to forward copies of their works to the Society's Depôt*, 28, *Paternoster Row, in order that the same may be placed in the hands of the Editors of the 'Year-Book' for* 1861, *which is in course of preparation.*

LEEDS SCHOOL OF MEDICINE

REPORT

ON THE

INSTITUTES OF MEDICINE.

BY

GEORGE HARLEY, M.D.,

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MANUALS, GENERAL TREATISES, LECTURES, &c.

Prof. C. Morel (Strasburg).—*Elements of Human Histology.* pp. 136, plates 28. Paris, 1860.

Griffith and Henfrey.—*Micrographic Dictionary; a Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects.* 2d edition, 1860.

H. Frey.—*Histology and Histo-chemistry of Man.—On the Form and on the Constituents of the Body.* Leipsic, 1859. With 388 woodcuts.

Dr. F. Sibson.—*Medical Anatomy.* Fasciculus VI. Churchill, 1860.

Henry Gray.—*Anatomy, Descriptive and Surgical.* 2d edition, revised and enlarged, pp. 816, 1860.

Prof. Joseph Leidy.—*An Elementary Treatise on Human Anatomy.* With 392 illustrations. pp. 663, Philadelphia, 1860.

Dr. H. Meyer.—*Why the Shoe Pinches. A Contribution to Applied Anatomy.* Translated by J. S. Craig. pp. 55, 1860.

A. Moquin-Tandon.—*Elements of Medical Zoology.* Paris, 1859. 12mo.

Dr. Lankester.—*The Uses of Animals in relation to the Industry of Man.* pp. 165, 1860.

Dr. Karl Vierordt.—*Elements of Human Physiology.* Frankfort, 1860. First part, pp. 240.

Hilles.—*The Essentials of Physiology.* pp. 328, 1860.

Dr. Kirkes.—*Handbook of Physiology.* Plates and woodcuts, 4th edition, thoroughly revised, 1860.

G. H. Lewes.—*The Physiology of Common Life.* Blackwood and Sons, 1860. 2 vols., pp. 455 and 485.

Dr. Brinton.—*Introductory Lecture to a Course of Physiology.* Lancet, Nov., pp. 425 and 456.

Dr. Cappie.—*Essays on Medical Science.*—1. *On the Nature of Inflammation.* 2. *On the Encephalic Circulation.* pp. 103, 1860.

Combe.—*The Management of Infancy, Physiological and Moral, intended chiefly for the use of Parents.* Revised and edited by Sir James Clark, Bart. 9th edition, pp. 302, 1860.

Galloway.—*The First Step in Chemistry; a New Method of Teaching the Elements of the Science.* 3d edition, pp. 297, 1860.

Prof. W. A. Miller.—*Elements of Chemistry; in three parts. I. Chemical Physics. II. Inorganic Chemistry. III. Organic Chemistry.* Parker and Son, 1860.

Dr. Odling.—*On Acids and Salts.* Royal Institution of Great Britain, 30th March.

Golding Bird, and Charles Brooke.—*The Elements of Natural Philosophy; or, an Introduction to the Study of the Physical Sciences.* 5th edition, small 8vo, pp. 699, 1860.

Prof. Retzius.—*A Glance at the Present State of Ethnology with Reference to the Form of the Skull.* Read at the seventh meeting of the Scandinavian Association of Naturalists, held at Christiania in 1856. Translated by W. D. Moore, M.B., M.R.I.A. Brit. and For. Med.-Chir. Rev., April and July, 1860.

Dr. Boudin.—*On the Non-cosmopolitism of the Human Race.* Journ. de la Phys., April, 1860, p. 363.

Dr. Paul Broca.—*On the Phenomena of Hybridity in the Human Species.* Journ. de la Phys., No. 10, April, 1860, p. 392. See also No. 8, p. 601, of the same Journal.

Dr. P. Gratiolet.—*Memoir on Microcephalism, considered in its relations to the question of the Characters of the Human Race.* Journ. de la Phys., No. 9, January, 1860, p. 110.

Dr. Henry McCormac.—*Aspirations from the Inner, the Spiritual Life; aiming to reconcile Religion, Literature, Science, and Art, with Faith, and Hope, and Love, and Immortality.* 1860, Longmans. 8vo, pp. 370.

Prof. Laycock.—*Mind and Brain; or, the Correlations of Consciousness and Organization, with their Applications to Philosophy, Zoology, Physiology, Mental Pathology, and the Practice of Medicine.* With illustrations. Sutherland and Knox, 1860. 2 vols., pp. 404 and 480.

W. E. C. Nourse—*On the Organs of the Senses, and the Cerebral Faculties connected with them.* 1860, pp. 19.

Dr. Azam.—*Note on Nervous Sleep, or Hypnotism.* Archiv. Gén. de Méd., January, 1860, p. 1.

Dr. E. Mesnet.—*Studies on Somnambulism, considered from a Pathological Point of View.* Archiv. Gén. de Méd., February, 1860, p. 147.

Dr. Stephen H. Ward.—*The Position and Prospects of Rational Medicine.* An Oration delivered before the Members of the Hunterian Society. Churchill, 1860. Pamphlet, pp. 52.

John Gay.—*The Aspects of Medical Science.* An Oration delivered, 8th March, 1860, before the Medical Society of London.

Dr. A. Wynter.—*Curiosities of Civilisation.* Reprinted from the Quarterly and Edinburgh Reviews, 2d edition, 8vo, pp. 535.

Dr. J. C. Bucknill.—*The Medical Knowledge of Shakespeare.* 1860, Longmans, pp. 292.

Garratt.—*Electro-Physiology and Electro-Therapeutics, showing the best Methods for the Medical Uses of Electricity.* pp. 708. Boston.

Dr. William Husband.—*Exposition of a Method of Preserving Vaccine Lymph Fluid and Active; with hints for the more efficient performance of Public Vaccination.* Churchill, 1860.

H. F. BAXTER.—*On Organic Polarity; showing a Connection to exist between Organic Forces and Ordinary Polar Forces.* Crown 8vo.

Dr. ALEXANDER HENRY.—*A Glossary of Scientific Terms. For general use.* Small 8vo, 1860.

Dr. ROBERT FOWLER.—*The Medical Vocabulary; containing a Concise Explanation of the Terms used in Medicine and its Accessory Sciences.* pp. 366, 1860.

Dr. MAYNE.—*An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science, including a complete Medical and Medico-Legal Vocabulary.* Churchill, 1860.

KÖLLIKER.—*A Manual of Human Microscopic Anatomy.* With 249 illustrations. pp. 633, 1860.

The book which Kölliker now presents to the English public is, in the main, a condensed version of his German work, entitled '*Handbuch der Gewebelehre.*'

1st. With regard to the *formation of cells,* the author remarks that a distinction has been hitherto made between the *free origin* of cells and their production *through the intervention of other cells.* The further, however, investigation is prosecuted, the occurrence of a free cell-formation becomes more and more doubtful; and it appears that all animal cells arise, as in plants, in dependence upon other pre-existing cells. In this process of cell-multiplication the pre-existing cells either produce secondary cells, as they are called, or multiply by division—*endogenous cell-formation and cell-formation by division.* The cell-nuclei always play an essential part in the multiplication of cells, and appear to be the proper centres of formation for their evolution. In embryos the tissues are built up of the descendants of the cells which have arisen from the cleaving of the yelk, and even in pathological formations it would appear from recent researches that in many places where formerly a *free cell-formation* was admitted, it does not occur. The multiplication of cells by division is well seen in the blood-corpuscles of embryos, while endogenous cell-formation is best studied in the ova of animals at the early period of their development, when the cleavage of the yelk is taking place.

2d. In speaking of the *vital phenomena of fully developed cells,* Kölliker remarks that, when cells are once formed, a considerable number of functions appear in them, which, like those of the entire organism, are divisible into *animal* and *vegetative.* The latter relate to the form of the cells and of their contents, as well as to their chemical composition, and may be designated by the names of *growth* and *molecular changes.* The *nucleoli,* and more especially the *nuclei,* also participate, to a certain degree, in the growth of the cells.

3d. *Processes taking place in the interior of cells.*—The phenomena manifested by cells during life may be designated as absorption, assimilation, and excretion. These are chiefly owing to chemical and physical causes. (*a*) With regard to absorption, it presents itself in all cells, and the primary cause of the entrance of material is simply to be sought in the capability of imbibition of the cell-wall and contents. By the term imbibition, however, it is not to be supposed that the cells indiscriminately admit all soluble substances approaching them; for, on the contrary, they present, according to time and place, definite relations to the cytoblastema, rejecting one of its constituents and receiving another. This is proved by the circumstance that in embryos, notwithstanding that there is one uniform formative material for all the cells, some absorb one, some another, material. The reason of this phenomenon may be thus stated in general terms—that cell-walls do not act like simple filters, but allow one substance or another to permeate them, according to their chemical composition, the nature of the surrounding fluid, their condition of aggregation, and their thickness. (*b*) The vegetative functions of animal cells are not limited to the taking up and transforming of matters, but extend to the excreting of materials. Cells may either excrete the materials they absorb in an unaltered form, or give off substances which they themselves have prepared. The separated materials frequently present no relations to the cells whence they come, and are either subservient to special purposes in the animal economy or are entirely removed from the body. (*c*) Regarding the animal functions of cells, it is extremely difficult to say whether certain movements which appear in cells concern only the contents or the cell-wall also. In some of the lowest animals which have the signification of simple cells—*Rhizopoda*, &c.—the outer envelope appears to be contractile, either in its totality or in its external processes; yet it is also conceivable that all the movements we observe depend only upon the contents, and that the envelope simply follows them as an elastic body.

4th. *Metamorphoses of cells.*—The destination of the cells which are developed at earlier or later periods in the organism is very various. (*a*) Many cells never go through any metamorphoses, but remain as simple cells, till sooner or later they perish—epithelium-cells, cells of glandular parenchymas, &c. (*b*) A considerable number of cells become altered in form and change more or less their original nature, such as the horny plates of the epidermis and nails. (*c*) Other cells remain only for a short period in their primitive state; they become modified, and unite with others for the formation of the higher elementary parts—muscular fibres, &c.

JOHN MARSHALL (Univ. Coll.)—*A Description of the Human Body, its Structure and Functions.* 4to, pp. 240, and an Atlas of 193 coloured illustrations, 1860.

This work, the author states, is designed for the use of teachers in schools and young men destined for the medical profession, and for popular instruction generally. It occupies a position midway between the strictly medical and the general educational treatises.

Dr. T. SPENCER COBBOLD.—*Mammalian Division of the Museum of Natural History*, 1860.

This work, though devoted to the zoological characters and habits of animals, contains a succinct account of the anatomy of each order. The division is illustrated with 34 plates and 93 wood-engravings.

Dr. J. L. TEED.—*Animal Chemistry, and its Relations to Therapeutics.* Amer. Journ. Med. Science, July, 1860, p. 63.

In a long review article, Teed gives a *résumé* of many of the recent discoveries in animal chemistry, and concludes by saying that, in framing a dietary, especially in convalescence and in health, no difficulty will be found if physiological principles are borne in mind. The albuminous foods most readily convertible into albuminose, combined with such proportions of fat, sugar, and starch, as the condition of the assimilating organs can appropriate without subsequent ill effects, and in such quantities of each that the excess, if any, be slightly on the nitrogenous side of the scale, will be generally the most advantageous, only remembering that the fat cannot be too free from rancidity or the sugar too pure; and especially should this be borne in mind in the feeding of children, while in all the use of gelatinous food should be but sparing. The use of fresh, lean meat, the author says, cannot be too strongly inculcated, but an abundance of pure, fresh air is of no less importance, for out-of-door exercise imparts an energy to the system often unknown before, and unattainable by any other means. The more rapid the tissue-change, provided its replacement correspond, the less effete matter will be in the system, the more vigorous will be the frame, and the better able to withstand the inroads of disease.

Kirchhoff and Bunsen.—*On Chemical Analysis by Spectrum-observations.* Quart. Chemical Journ., Oct., 1860, p. 270.

Kirchhoff and Bunsen have availed themselves of the well-known power which many substances possess of developing peculiar bright lines in the spectrum of a flame, to found a new method of qualitative analysis of a delicacy hitherto unknown. The flame that has the highest temperature and the least illuminating power is the best for this purpose.

As the result of their experiments, they state that neither the alteration of the bodies with which the metals may be combined, nor the variety of the chemical processes occurring in the several flames, nor the wide differences of temperature which these flames exhibit, produce any effect upon the position of the bright lines in the spectrum which are characteristic of each metal, but that in the same flame the brightest spectra are given by the most volatile compounds of a metal. The higher the temperature of the flame, the more intense is the spectrum. The delicacy of this method of analysis is such that chloride of sodium can be detected by it in common atmospheric air, and the authors imagine that the minute particles of salt floating about may serve to supply the wants of the smaller organized beings. Moreover, they think that there is another point of view, in which the presence of this chloride in the air is of interest, namely, if the spread of contagious diseases is to be sought for in some peculiar contact-action, it is possible that the presence of an antiseptic substance like chloride of sodium, even in almost infinitely small quantities, in the atmosphere, may not be without influence upon such occurrences. By continued observations one might be able to discover if the presence of salt in the air had any connection with the appearance and direction of the march of an epidemic disease. Kirchhoff and Bunsen have found lithium in the ashes of tobacco, of vine leaves, of the wood of the vine, and of grapes, as well as in the milk of animals. And Dr. Folwarczny has, by the same method of analysis, detected lithium in the ashes of human blood and muscular fibre. Our authors say, too, that it is only necessary to hold the end of a burnt cigar in the flame in order at once to see that it contains sodium, potassium, and lithium. In the waters of many mineral springs, such as Dürkheim and Kreuznach, they have detected sodium, potassium, lithium, calcium, and strontium. The method of spectrum-analysis not only offers a mode of detecting with the greatest simplicity the presence of the smallest traces of certain elements in terrestrial matter, but also, its authors think, opens out an entirely untrodden field of investigation, stretching far beyond the limits of the earth or even of our solar system, for the same method of analysis may be applied to the atmospheres of the sun and of the brighter fixed stars.

COOKE.—*Elements of Chemical Physics.* pp. 739. Boston, 1860.

Cooke's work forms a complete system of chemical physics. It begins with an account of the properties of matter, and of mechanical force. The properties of adhesion and attraction are next examined, and, lastly, the effects of heat, &c., on matter. The author makes free use of mathematics in his descriptions and explanations.

FRESENIUS.—*A System of Instruction in Quantitative Chemical Analysis.* 3d edition. Edited by J. Lloyd Bullock.

In the preface to Fresenius's work on quantitative analysis, it is stated that the entire work has been recast, considerably simplified, and almost rewritten. New matter has been introduced, to the extent of one fourth of the whole volume. Many of the processes—the best then known, but rendered obsolete by the progress of science—have been replaced by others more certain, simple, and efficient, and this is particularly the case with the volumetrical processes.

Prof. GEORGE E. DAY.—*Chemistry in its Relations to Physiology and Medicine.* With five plates, containing numerous engraved illustrations. Lond., 1860, pp. 524.

In this volume the author has entered much more fully into the physiological than into the chemical relations of the fluids and tissues of the body. The subject-matter of the volume is divided into three great heads:

1. The organic substrata of the animal body, or the proximate principles entering into the composition of the solids and fluids of the organism.

2. The chemistry of the animal juices and tissues, which are classified into the five following groups:—(*a*) the digestive fluids; (*b*) the blood, and its allies, the chyle and the lymph; (*c*) the fluids connected with generation and development, including the seminal fluid, the milk, and the fluid of the egg; (*d*) the excretions of the mucous membranes and the skin, including mucus, the various sebaceous matters, and the sweat; (*e*) the urine.

3. The great zoo-chemical processes, including the metamorphoses of the tissues and the essential factors in animal metamorphoses, viz., albumens, fats, carbo-hydrates, and mineral constituents of the body.

BERNARD.—*Lectures on Experimental Pathology and Operative Physiology.* Delivered at the College of France during the Winter-session 1859-60. Medical Times and Gazette, January 7th, and following numbers.

In his third lecture, Bernard points out how the physiologist has it in his power, to produce at pleasure not only the symptoms of disease, but also the morbid changes themselves. Thus, for example, by directly acting on the pneumogastric nerve, cough, dyspnœa, and increased bronchial secretion may be induced on the one hand, and, on the other, the anatomical lesions of pleurisy and pericarditis. So, again, by exciting the solar plexus, we can bring on diarrhœa and dysentery, together with the anatomical lesions which habitually accompany them.

It is, therefore, a fact, that the perverted state of the nervous system gives rise to a great variety of diseases, not only of a general, but also of a local, character; deprive a muscle or a bone of its nervous supply, and the consequence will be fatty degeneration in the one case, and rickets in the other; in fact, if the nerves which enter the nutritive foramina of a bone be tied, very soon the cells of the lamellar structure increase in size, the vessels become more numerous, and all the phenomena of rickets follow in rapid succession; these results can even be brought about on a portion of a bone, without interfering with the remainder.

There are some diseases, however, that it has hitherto been found impossible to produce through the agency of the nervous system; these are eruptive fevers, smallpox, measles, scarlatina, &c. But this most probably arises from there existing in them a special virus, which we have not yet been able to produce. One point, certainly, has been established, viz., that we can produce not only morbid symptoms in animals by artificial means, but even actual diseases, with their complete chain of results.

Lecture VIII is devoted to the consideration of diseases arising from the vitiated development of cells. In this lecture, Bernard endeavours to prove that physiology furnishes, in every possible condition of health and disease, a key to the interpretation of all vital phenomena. He first points out the importance of cellular evolution, and shows how it occurs in the adult as well as in the embryo. For example, in certain animals particular organs exist, disappear, and are subsequently reproduced. Thus, as Hunter observed, the sparrow's testicle, after being reduced to the smallest possible bulk during the winter, promptly returns to its primitive size in spring. Also, that in the pigeon a peculiar organ, no vestige of which exists in the bird's previous state, is produced during the latter period of incubation. The mucous membrane of the gizzard (crop?) becomes vascular, and secretes a new substance, which serves for the nourishment of the young birds when newly hatched.

Some diseases result from a deficiency of the normal evolution at a given point. Thus, if, as happens in inflammation, the epithelium of the intestine disappears, and is not regenerated, no obstacle is opposed to serous exudation from the vessels, no protecting surface resists the introduction of various poisons, and, lastly, there no longer exists the regulating power of absorption. In this manner innumerable diseases may be traced back to the suspended activity of normal evolution, as their primary cause. Diseases, once accidentally induced, have sometimes a strong tendency to maintain themselves in the economy. Thus, when insufficient or unwholesome food has reduced to a consumptive state an animal previously enjoying good health, its offspring often inherits the morbid disposition which, in the parent, was entirely accidental.

Bernard, at another part, says that experience has taught us that patients often die without any anatomical change being detected in their organs, and dogs are often seen during the course of physiological experiments to arrive at the very last stage of emaciation with the appetite unimpaired. They sink from sheer exhaustion, while the lacteals are gorged with chyle; and when opened, their bodies offer no trace of pathological alterations. The latent cause of this is that nutrition is nothing more than a peculiar mode of evolution, and when it ceases life is inevitably brought to a close.

Lecture X is on the rational principles of therapeutics. When speaking of the power nature enjoys of restoring health to the body without foreign assistance, Bernard says that, just as we see foreign bodies, when they have been accidentally lodged in the tissues, expelled by the natural process in inflammation and suppuration, it appears rational to suppose that, in internal diseases, the noxious principle is expelled with the perspiration or some other similar excretion. When viewed in this light, the symptoms of disease invariably exhibit a curative tendency, more or less connected with the final end. Every change that occurs in the patient's state marks a new step in the contest; and when death supervenes, it must be supposed that the powers of nature have been overcome by the intensity of the morbid influence. Gaspard injected a decoction of putrid matter into the veins of animals, and succeeded in inducing intense febrile symptoms, with shivering, prostration, and abundant alvine dejections; and after a certain space of time, the animals recovered without undergoing any medical treatment. In other cases, the animals having perished, it was supposed, of course, that the *vis medicatrix* had been insufficient to conquer the foe. The views of the opposite party are, that nature is frequently blind, and requires to be directed in her operations. In fractures, although she supplies the materials requisite for consolidating the broken shaft, if the limb be abandoned to her, the bones unite in an improper direction, and the patient is lamed for life. Inflammation of the natural ducts generally brings on stricture (urethra, œsophagus). It is therefore clear that nature may be praised or blamed for what she does, according to the light in which her operations are viewed. In some cases nature may be left to herself, but in others medical interference is desirable.

Dr. SAMUEL WILKS (Guy's).—*Some Observations with respect to a Philosophical Arrangement of Tumours and New Growths.* Lond. Med. Rev., July, p. 4; Sept., p. 111; Dec., p. 260.

1st. What is meant by a new growth? Wilks says, we make use of the term growth to express that constant reproduction of the tissues which we suppose is always in progress throughout the body; that as the various structures are in a state of perpetual decay, so are they as constantly being renewed, either from a plasma supplied by their blood-vessels, or by some more subtle method of growth from their own elements. This process is *physiological;* if, however, the plasma or exudation is in excess, a *pathological* process is in operation, and a tumour is the result. The difference in the two cases is this—in the former every structure produces its like; in the latter, the affinity is in a great measure lost between the exudative material and the tissue from which it springs (*e. g.* brain, lung, liver, &c.), and consequently development is impossible, except into structures of a simpler kind. If, however, the structure from which the exudation comes be itself of a simple kind, a developmental process may occur in it, and thus, for example, a tumour growing from bone may become osseous, from the medullary substance myeloid, from the uterus muscular, from the skin epithelial, and so on.

2d. In the next place, Wilks states that the general opinion regarding the malignancy and benignancy of all tumours depending, in the one case, on a constitutional, in the other, on a local cause, is, in a great measure, correct; for we cannot but distinguish between a tumour arising, for example, from an injury in a healthy person and the case of manifold growths existing in a patient whose ancestors were the subjects of the same disease. The fact, too, of the production in any new growth of elements similar to the healthy part whence it springs exhibits a healthy influence in operation; and if, from the complexity of the original organ (lung, liver, &c.), the formation of a growth resembling it be not possible, then the production of the highest grade of tumour which is possible under the circumstances may be taken as evidence of the same fact.

3d. On the other hand, all morbid products which have no developmental power, but consist simply of cells, show a want of healthy influence, whether these cells arise in a complex organism or in a simple structure. Such are generally styled cancer, and, evidencing some vice in the constitution, are also called malignant. It will be seen that this opinion tends to the belief that a cell-growth is evidence of a malignant, a fibrous of an innocent, influence in operation, and that the production of the one rather than of the other depends on a constitutional cause. Our author thinks that at present it would be too much to assert this dogmatically.

4th. Wilks further adds that, although there is *no characteristic cancer-cell*, if a new growth is composed of a mass of cells, each containing a large nucleus, with a distinct nucleolus, little hesitation need be felt in pronouncing it malignant; at the same time it must be remembered that, in the most virulent forms of cancer, it not unfrequently happens that no cells are present. When the cells in any tumour show a tendency to develop into fibre, so far that is an evidence of a corresponding innocent influence in operation, and, therefore, just in proportion as we find in any given tumour a crude formation of cells and nuclei, or a tendency to the formation of fibre, so can we pronounce upon its degree of malignancy or innocency.

5th. Nuclei surrounded by a cell-wall show a disposition to develop, and, consequently, a tumour consisting of them has one degree less of a morbid character than a tumour consisting merely of nuclei. And thus it is that well-marked, nucleated cells are always found in tumours of slow growth, and in those little disposed to spread. Again, it may be said that, should the cells in any growth tend to develop still more, and become pointed or angular in shape, they show that a still greater amount of healthy influence is in operation. In scirrhus we generally meet with such cells, and scirrhus, we know, is a much less virulent form of cancer than encephaloid.

6th. In the recurrent or malignant fibroid growth, the cells have a great tendency to grow into fibres, and the tumour has a less malignant character than if it consisted simply of cells without fibres. Recurrent fibroid may be said to hold an intermediate place between cancer and a simple, fibrous tumour, and might be designated *semi-malignant*.

7th. Between these three kinds—malignant, semi-malignant, and innocent tumours—there are many intermediate varieties, and we think the following table illustrates the author's views as regards the classification of new growths pretty clearly:

Character.	Typical.	Bone.	Breast.	Uterus and Prostate.	Skin.	Pigment.	Hollow organs.
Innocent . .	Simple fibrous.	Exostosis. Enchondroma. Myeloid.	Adenocele.	Muscular tumour.	Papillary growths Sebaceous „ Fatty „	Simple melanosis.	Villous growths. (True.)
Semi-malignant . .	Recurrent fibroid.	Osteosarcoma.	Recurrent fibroid.	Recurrent fibroid.	Epithelioma.	Recurrent melanosis.	Villous growths.
Malignant .	Carcinoma.	Osteoid cancer.	Cancer.	Cancer.	Cancer.	Cancerous melanosis.	Villous cancer.

Prof. Scherer.—*On the Presence of Hypoxanthin, Xanthin, and Guanin in the Animal Body, and the Abundance of Leucin in the Pancreas.* Liebig's Annal., vol. 112, p. 257. Schmidt, vol. 105, p. 274. Canst., vol. i, p. 220.

G. Staedeler.—*On Xanthin.* Liebig's Annal., vol. 111, p. 28. Schmidt, vol. 105, p. 273. Canst., vol. i, p. 220.

Dr. P. Lorenz.—*On the Chemical Composition of the Brain.* Thesis. Wurzburg, 1859. Canst., vol. i, p. 220.

In 1858 Scherer called attention to the fact that xanthin may be obtained from the urine, the muscles, the brain, the spleen, the pancreas, the liver, and the thymus gland; and, further, that in certain pathological conditions xanthin may even be abundantly found in the blood and in some of the abdominal glands. At the same time, Scherer stated that guanin was a normal constituent of the pancreas of the ox. In the present communication the author describes the different methods of obtaining these substances in a pure state, and gives the following elementary analysis of hypoxanthin:

Carbon	44.096
Hydrogen	3.077
Nitrogen	41.163
Oxygen	11.664
	100.000

When pure hypoxanthin is mixed with a little nitric acid, and the mixture heated to dryness on a platinum spatula, a white, faintly yellowish substance remains, which, on being moistened with a drop of hydrated soda, assumes a lemon yellow, or perhaps even a pale-red colour. This substance does not, however, become purple-red on being heated. On the other hand, should xanthin also be present, which is generally the case, the nitric acid residue is of a light yellow colour, and becomes intensely red on the addition of hydrated soda. The application of heat changes the red to a fine, violet hue.

With concentrated nitric acid, hypoxanthin is much more likely to be mistaken for xanthin, in consequence of the residue being yellow, and hydrated soda giving with it a reddish colour; the application of heat, however, solves the difficulty, for xanthin alone yields the purple tint.

Scherer obtained hypoxanthin from muscle, but he failed to detect it in the pancreas.

With a watery solution of a fragment of calculus composed of xanthin, Staedeler obtained the following reactions:—(1) neutral acetate of lead produced no change; (2) basic acetate of lead gave a slight muddiness, and, after a time, an amorphous precipitate, consisting partly of xanthin; (3) nitrate of silver caused a delicate flocculent deposit to take place; (4) chloride of mercury induced a slight turbidity, which gradually subsided to a flocculent deposit; while (5) the acetate of copper caused the solution, after being gently heated, to become brown, and deposit a similarly coloured precipitate.

If nitrate of silver be added to a nitric acid solution of xanthin, there is immediately formed a gelatinous precipitate, which disappears on the mixture being heated, but re-forms on its cooling. This deposit, after standing some time, is found to contain delicate, needle-shaped crystals. It would appear, from the before-mentioned investigations, that xanthin is one of the normal constituents of the animal body.

Lorenz's researches were made in Scherer's laboratory, and we may briefly state that he obtained from twelve pounds and a half of the brain of the ox 0.053 gramme (less than a grain, = 0.821 grain) of pure xanthin, and 0.124 gramme (1.922 grain) of pure hypoxanthin. No trace of creatin, inosite, leucin, or lactic acid, was detected.

J. Neukomm.—*On the Presence of Leucin, Tyrosin, &c., in the Human Body in Disease.* Thesis. Zurich, 1859. Schmidt, vol. 105, p. 4, Canst., vol. ii, p. 72.

The researches of Neukomm were made in Staedeler's laboratory; the cases were those that died in Lebert's wards in the hospital, and the analysis was always begun within twenty-four hours after death. Scherer gives a very full report of Neukomm's researches, from which we have endeavoured to extract and condense as much as possible the more important matter:

Case I. *Typhus.* Young man; death in the third week.
(*a*). *Liver.* Contained much leucin, less tyrosin, a small quantity of xanthin, and uric acid. For sugar and urea, not tested.
(*b*). *Spleen.* Contained leucin and tyrosin in considerable quantity.
(*c*). *Kidneys.* Leucin and tyrosin in moderate quantity; inosite and uric acid could not be detected.
(*d*). *Lungs.* Tuberculous; leucin and tyrosin in small quantity.
(*e*). *Heart.* Contained much leucin and creatin; uric acid and inosite not detected.

Case V. *Pleuritis*, with cerebral symptoms. Male, æt. 44; death after a few days' illness. The liver was somewhat fatty, and contained abundance of leucin and tyrosin. Xanthin was also present in tolerable abundance.

Case VI. *Spinal paralysis*, in consequence of vertebral abscess. Patient æt. 23; delirium and coma.
(*a*). *Lungs.* Contained ammoniacal salts in abundance; leucin in moderate quantity; no tyrosin; some uric acid.
(*b*). *Liver.* Contained no ammonia; leucin and tyrosin in quantity; sugar and urea not detected.
(*c*). *Spleen.* Contained no ammoniacal salts; leucin and tyrosin in abundance; no sugar; no urea.

(*d*). *Kidneys.* Contained no ammonia; medium quantity of leucin and tyrosin.

(*e*). *Heart.* Evolved small quantity of ammonia; contained a little extractive matter, with leucin and creatin.

CASE VII. *Death in consequence of insufficiency of food.* Patient æt. 44; during last six months constant recurrence of profuse diarrhœa; marasmus; œdema; death.

(*a*). *Liver.* Tolerably firm; contained leucin and tyrosin in quantity.

(*b*). *Kidneys.* Pale; neutral reaction; much leucin and tyrosin; a little inosite.

(*c*). *Spleen.* Enlarged; neutral; leucin and tyrosin present in quantity.

(*d*). *Lungs.* Leucin and tyrosin in abundance.

(*e*). *Pancreas.* Neutral; much leucin and tyrosin.

CASE VIII. *Phthisis.* Female, æt. 17.

(*a*). *Brain.* Besides leucin and creatin, contained a remarkable quantity of inosite.

(*b*). *Heart.* Contained leucin and creatin; scarcely any inosite.

(*c*). *Lungs.* Tuberculous; ammoniacal salts in abundance; much leucin.

(*d*). *Liver.* Fatty; leucin; some tyrosin; a little urea.

(*e*). *Spleen.* Leucin and tyrosin present in moderate quantity.

(*f*). *Kidneys.* Leucin in tolerable abundance; not much tyrosin; a small quantity of ammoniacal salts; some uric acid and xanthin.

CASE X. *Acute articular rheumatism.*

(*a*). *Blood.* Drawn two hours before death; contained neither leucin nor tyrosin; tolerable quantity of urea (0.01 per cent.).

(*b*). *Cerebral substance.* Contained abundance of inosite, leucin, and creatin; no urea.

(*c*). *Liver.* Much leucin and tyrosin; urea detectable; no sugar.

CASE XI. *Heart disease.* Disorganization of valves; hypertrophy of left ventricle; albuminuria. The liver contained leucin, tyrosin, and uric acid, but neither urea nor sugar.

CASE XII. *Syphilitic cachexia.* Ascites, and œdema of the legs; about seventeen pints of fluid removed by tapping; rapid diminution of strength; death on sixth day.

(*a*). *Fluid in abdomen.* Alkaline; specific gravity, 1015; contained 1.13 per cent. of albumen, 0.3 per cent. of sugar, and a small quantity of uric acid; no urea.

(*b*). *Brain.* A little creatin, leucin, and urea; no distinct evidence of inosite.

(*c*). *Heart.* Contained creatin, urea, uric acid, and xanthin.

(*d*). *Liver.* Moderate quantity of leucin; small quantity of tyrosin; some uric acid; no sugar.

(*e*). *Spleen.* Much leucin and tyrosin present; no uric acid, no inosite.

(*f*). *Kidneys.* Contained no leucin or tyrosin; much inosite; no urea.

CASE XIII. *Cancerous cachexia.* Male, æt. 54; cancer of stomach.

(*a*). *Liver.* Remarkably small; firm; *contained neither leucin, tyrosin,* nor urea.

(*b*): *Spleen.* Small; contained a considerable quantity of leucin and tyrosin.

CASE XVII. *Delirium tremens.* Male, æt. 35; death on tenth day.

(*a*). *Blood.* Slightly alkaline; contained much uric acid, some xanthin, no inosite, but plenty of urea; leucin (?); no sugar.

(*b*). *Brain.* Leucin, creatin, and isonite.

(*c*). *Liver.* Xanthin; no uric acid; some leucin; a little sugar.

(*d*). *Spleen.* Leucin and tyrosin in moderate quantity; no uric acid; no inosite.

(*e*). *Kidneys.* Contained leucin and tyrosin in smaller quantity than in spleen; traces of uric acid; no inosite.

(*f*). *Urine.* Free from leucin, tyrosin, and inosite.

CASE XIX. *Bright's disease.* Male, æt. 34; six months ill; albuminuria; œdema; convulsions; coma.

(*a*). *Urine.* During life contained a small quantity of inosite.

(*b*). *Blood.* Obtained during life by cupping in the neighbourhood of the kidneys; contained abundance of urea, no leucin, and no sugar.

(*c*). *Blood.* After death, from the right side of the heart and vena cava; contained ammoniacal salts, urea in tolerable abundance; no leucin; no inosite; some uric acid.

(*d*). *Fluid from thorax.* Slightly alkaline; rich in urea and uric acid; no inosite; no leucin.

(*e*). *Brain.* Contained ammonia, creatin, and leucin; inosite in abundance; some urea; no sugar.

(*f*). *Liver.* Ammonia and sugar; little leucin; no tyrosin; some uric acid.

(*g*). *Spleen.* Leucin and tyrosin in quantity.

(*h*). *Kidneys.* Ammonia; urea; leucin in small quantity; tyrosin in still less quantity.

(*i*). *Supra-renal capsules.* Contained some leucin.

CASE XX. *Diabetes mellitus.* Male, æt. 29; progress of disease during the latter part rapid.

(*a*). *Kidneys.* Sugar, 0.12 per cent.; considerable quantity of leucin and tyrosin; inosite in very small quantity.

(*b*). *Blood.* Sugar, 0.09 per cent.; leucin and inosite not detected; uric acid in tolerable quantity.

(*c*). *Liver.* Contained an abundance of sugar; neither leucin nor tyrosin; no inosite; xanthin, with traces of uric acid.

(*d*). *Spleen.* Leucin and tyrosin in abundance; sugar not detectable.

(*e*). *Pancreas.* Small quantity of sugar; leucin and tyrosin.

(*f*). *Testicles.* Sugar, 0.2 per cent; some leucin, and much chloride of sodium.

(*g*). *Lungs.* No sugar; leucin, and some tyrosin; uric acid.

(*h*). *Brain.* No sugar; creatin; much inosite; no leucin.

(*i*). *Heart substance.* No sugar; no creatin; some leucin and inosite.

(*k*). *Muscles* (calf of leg). No sugar; a little leucin; no inosite; some uric acid.

The following were also tested for sugar:

(*l*). *Aqueous humour and crystalline lens.* Contained *small* quantity of sugar.

(*m*). *Fluid from the pericardium.* Contained 0.17 per cent. of sugar.

(*n*). *Fluid from the abdomen.* Was saccharine; contained abundance of ammoniacal salts.

(*o*). *Bile.* Contained sugar.

Careful observations were made on the urine in this case during the patient's life, and the more important of the results were—

1. On mixed diet, consisting of bread, potatoes, rice, cheese, meat, coffee, milk, and wine, continued during eight days, the man passed, on an average, 6268 c.c. (202.19 ozs.) water, and 500.25 grammes (16.1 ozs.) sugar. Sp. gr. 1030—1040.

2. During seven days the patient was fed upon green vegetables instead of bread and potatoes, and had an increase of meat in place of the cheese. The daily average result was 4871 c.c. (157.1 ozs.) water, and 364.48 grammes (11.75 ozs.) sugar. Sp. gr. 1035—1040.

3. During other thirteen days the man continued taking the same food, except that he now received an additional four ounces of bread. He also took bicarbonate of soda, beginning with two, and ending with six, drachms daily. The result now was, 5707 c.c. (184 ozs.) urine, 410.74 grammes (13.24 ozs.) sugar. Sp. gr. 1034—1040.

In this last series of experiments the urea was also calculated by Liebig's method, and it gave a daily average of 59.75 grammes (1.92 oz.)

4. During other five days the patient received a still larger quantity of animal food, along with green vegetables, coffee, and about ten ounces of wine. He had also given to him from three to eight grains of reduced iron, three times a day. The result was that he passed, on an average, 3010 c.c. (97.09 ozs.) urine; 179.0 grammes (5.77 ozs.) sugar; 63.59 grammes (2.05 ozs.) urea. Sp. gr. 1034—1038.

5. During six days the man again received the same food, except having, in addition, four ounces of bread. The result was, 3308 c.c. (106.7 ozs.) urine; 204.36 grammes (6.58 ozs.) sugar. Sp. gr. 1035—1039.

As there exists a close relation between inosite and sugar, Neukomm also tested the diabetic urine for the latter substance, and succeeded in finding some. The quantity, however, was not great.

Prof. W. A. GUY.—*Croonian Lectures on the Numerical Method, and its Application to the Science and Art of Medicine.* Brit. Med. Journ., 5th May, pp. 331, 371, 409, 467, 553, 593.

In the first lecture, Guy points out why he prefers the term *numerical method* to that of *statistical method.* He says he knows of no use of numbers which claims to be peculiar to the 'Science of States,' and thinks that we ought to limit "the barbarous word *statistics*" to what it means in practice—a state science, built up by the aid of facts brought together in large numbers, and their results expressed in the terse, simple, and intelligible language of figures.

The author says that the object of his lectures is to place the numerical method before us in the broadest and clearest light, and in order to do so he begins by passing in brief review some of the principal sciences and scientific arts, and endeavouring to point out, in respect of each in turn, what is the secret of the degree of excellence to which it has attained, and how far that excellence can be traced to the facilities which it offers for the application of figures.

The second lecture is devoted to the "logic of large numbers," and the third to the consideration of the extent to which the numerical method admits of being applied to the science of medicine, and in the art of healing.

Dr. B. W. RICHARDSON.—*On the Study of Disease by Synthesis.* Lancet, 18th Feb., p. 169.

1. The author divides diseases into six great classes—parasitic; zymotic; diseases the primary origin of which is in the nervous system; diseases where, from disordered chemistry, a new growth is evolved out of the materials of the body (malignant diseases); diseases of simple degeneration, *i. e.* of misplacement of the natural constituents of the organism; and, lastly, inflammation.

2. He then mentions the production of endocarditis by the artificial introduction of lactic acid into the system of animals, and says that the results of his experiments taught him that Prout's hypothesis as to the origin of rheumatism is essentially correct. Some modification of the view may, in course of time, be required as to the nature of lactic acid, and its relationship to the economy; but the fact of the origin of the local disease, as the result of a specific acid poison, will, he says, ever remain.

3. In the next place, it may be that every local inflammation we know of (as due to internal causes) is the result of some similar agent, an agent not foreign to the body, and not hurtful to the system when present in the normal proportion (lactic acid is innocent as a natural constituent of muscle), but truly poisonous when, accumulating, it pervades the tissues to which it is foreign.

Dr. STUDLEY (Yorkville).—*The Rationale of the Hot and Cold Stages and Periodical Exacerbation of Diseases.* Amer. Med. Times, Sept., 1860, p. 166.

The author says, the consideration of *heat* and *cold*, as exhibited in the animal economy, involves the subject of calorification, and this again depends upon the circulation and the nervous system. No proposition in physiology seems more fully settled than the mutually modifying relationship of the nervous and the circulatory systems; again, none more clearly proven than that the waste of tissue must be compensated by repair, and from these phenomena he deduces the three following propositions:

1st. That *abnormal cold*, as observed in the outset, and oftentimes during the course of different diseases, is a consequence of suspension of nutritive processes, depending on nervous influences, either centric or reflex.

2d. That *abnormal heat*, as observed in the same, is a consequence of exaggeration in the nutritive processes, depending on nervous influences, either centric or reflex.

3d. That periodic exacerbations of disease, by which the author means more or less stated recurrences of depression and reaction, are simply phenomena of textural exhaustion and resuscitation, waste and repair.

OSSEOUS SYSTEM, INCLUDING CARTILAGE AND TEETH.

Ollier.—*Experimental Researches on Osseous Grafts.* Journ. de la Phys., January, 1860, No. 9, p. 88.

Ollier.—*On the Artificial Production of Bone.* Meeting, Brit. Association, Oxford. Lancet, 7th July.

Ollier has demonstrated by experiments on animals that—(*a*) the periosteum has the power of reproducing a bone removed artificially; also that (*b*) transplanted portions of periosteum will give rise to the production of bone, beneath the skin, among the muscles, or elsewhere. (*c*) If the transplanted portions of periosteum be in the form of strips and twisted round, the bone is secreted exactly in the same form,—spirally or otherwise. (*d*) If the membrane be removed from a bone, the bone dies, and suppuration ensues. (*e*) All osseous secretions from the periosteum have the true and normal characters of bone. The author concludes, from the result of his researches, that periosteum is the true secreting membrane of bone.

Ollier.—*On the Transplanting of Bone taken from Animals some time after Death.* Compt. Rend., 16th January, 1860, p. 163.

1. Portions of *periosteum*, or of the *bone* itself, taken from animals after death, can be successfully engrafted on another animal of the same species.

2. The vitality of these tissues does not become extinct with the cessation of respiration and circulation; transplanted into an analogous situation to what they previously occupied, they continue to live and increase to a certain extent, according to the laws of their normal development.

3. After being separated from a living animal, and exposed to the action of the air, they are still capable of being successfully engrafted, provided the atmosphere has been somewhat humid. This persistence of vitality in fragments of periosteum and bone is analogous to what has frequently been observed in other tissues. The end of the nose and portions of fingers have, for example, been successfully replaced some minutes, or even hours, after their accidental separation.

4. Portions of periosteum taken from rabbits that have died from hæmorrhage, or from section of the medulla oblongata, can be engrafted with success ten, thirty, sixty, and even ninety, minutes after the cessation of the heart's action.

5. Portions of bone may likewise be transplanted with a positive result after the animal has been dead ten, thirty, or sixty minutes.

6. The bones thus transplanted not only live, but even increase in size, in their new locality.

7. Bones freed from their periosteum cannot be engrafted. They act the part of foreign bodies.

Bourguet.—*On the Regeneration of Bone.* Compt. Rend., August, 1860, p. 208; Archiv. Gén. de Méd., Sept., p. 378.

The author has arrived at the following conclusions:

1. The regeneration of long bones, after the section or the extirpation of a considerable portion of the diaphysis, is an incontestable fact.

2. The new bone has a tendency to remain shorter, less voluminous, and more irregular than the old one, but it retains the general form of the latter, and in time fulfils all its functions.

3. In order that the result of the operations be properly appreciated, the bones must be examined long after the cure is completed.

4. The chain-saw can be successfully employed in cutting through the muscles and periosteum in deep-seated operations, when it is impossible to use other instruments.

5. The phenomena attending the regeneration of bone are closely allied, if not actually identical, with those observed during the formation of callus.

6. The preservation of the periosteum is eminently advantageous, although not absolutely essential to the regeneration of bone. The surrounding soft parts are, in some cases, of themselves sufficient for the purpose.

7. In compound comminuted fractures, the splinters, loss of substance, and separation of the ends of the bones, are all capable of repair, if the detached fragments be removed without taking away the periosteum.

FLOURENS.—*New Experiments on the Formation of Callus.* Compt. Rend., 5th March, 1860, p. 451.

Flourens describes two kinds of callus; one he names periosteal callus (*cal périostique*), which is permanent, the other muscular callus (*cal musculaire*), which is merely temporary. In a fractured limb it may, he states, be observed—

(1) That the nerves are always uninjured. (2) The vessels are frequently ruptured, and extravasation takes place. (3) The sheathed tendons are unchanged. (4) Free tendons may, according to the situation of the fracture, get mixed up with the periosteum, and undergo all the phases of ossification. (5) The muscles are the true seat of the callus exterior to the periosteum (muscular callus). The muscles at a distance from the fracture may be perfectly uninjured, while those that are in contact with the fractured part change their colour and consistence, become pale and hard, and lose their striæ; the tissue becomes fibrous, cartilage-cells, and even true bone-corpuscles at last making their appearance. As the fracture is cured all this disappears, and the muscles regain their normal condition. (6) The sheath of the muscles becomes swollen, occasionally cartilaginous, sometimes ossified. (7) The detached fragments of periosteum unite with the lining membrane of the medullary canal, and at last close it up at the fractured ends. (8) The periosteum (not detached) swells, adheres to the muscles, is transformed into cartilage, and the cartilage again is transformed into bone. This is the true callus by which the fracture becomes cured. (9) The bones themselves do not increase in volume, either transversely or longitudinally; they remain perfectly passive; it is the periosteum alone which is active in the formation of the callus, whether it be that lining the medullary canal or surrounding the exterior of the bone.

MOTTET.—*Observation on the Complete Reproduction of Bone. Letter addressed to Flourens.* Gaz. Méd. de Paris, 27th Oct., 1860, p. 672.

Mottet records in the above-mentioned letter the following case, as an example of the complete reproduction of bone:—In the month of April, 1858, the author was called upon to reduce a fracture of the leg in a man aged about thirty-two years. The man, endowed with an excellent constitution, had the limb fractured nearly twenty-four hours before he was seen by Mr. Mottet, who, on his arrival, found a compound comminuted fracture of the tibia. The muscles were torn across, and the ends of the bone, denuded of their periosteum, projected through the wound. There was great contusion and swelling of the limb, but with care the fracture was reduced. The soft parts, to some extent, in a short time sloughed away, and left the ends and fragments of the bone exposed. Several portions of bone afterwards came away, but, in spite of these untoward results, the fractured extremities gradually united, and by the end of fifteen months, not only had the wound in the soft parts healed, but even the place of the detached fragments of bone, some of which included the whole thickness of the shaft, had become supplied by a true osseous deposit, which, day by day, increased in solidity. From this observation, Mottet concludes that, if a proper amount of patience be exercised, many limbs may be preserved of the normal length, by a perfect reproduction of bone taking place as in the above case.

E. MAGITOT.—*Memoir on the Development and Structure of the Dental Follicles in Man and other Mammalia.* Compt. Rend., 27th Feb., 1860, p. 424.

Magitot describes the follicles as originating, during intra-uterine life, in the *submucous tissue* of the gum. The structure of this tissue is not different from that of submucous tissues in general. In the human fœtus, the order in which the follicles of the temporary teeth appear is the following:

1. The follicle of the middle incisor of the lower jaw appears towards the sixtieth day after conception. 2. The follicle of the middle incisor of the upper jaw appears about the sixty-fifth day after conception. And, in intervals of a few days—

3. The lateral inferior incisor.
4. The lateral superior incisor.
5. The first inferior molar.
6. The first superior molar.
7. The inferior canine.
8. The superior canine.
9. The second inferior molar.
10. The second superior molar.

In general, the follicles have all made their appearance by the eightieth day after conception.

From the above, it seems that the follicles appear in the upper jaw somewhat later than in the lower—an opinion that has not hitherto been generally accepted. See also papers on the same subject by Robin and Magitot, published in the 'Journ. de la Phys.,' Nos. for January and April, 1860.

Mr. CANTON.—*Arrest of Development in the Inferior Maxillary Bone.* Lancet, Dec. 29th, p. 635.

At a meeting of the Pathological Society, Mr. Canton related the clinical history of a girl (æt. 16), in whom the development of the inferior maxillary bone had ceased at the inferior dental foramen; the upper half of the perpendicular ramus was consequently wanting. Associated with this deformity was an absence of the bony portion of the auditory meatus, the glenoid cavity, and the zygomatic process of the temporal bone. The external ear was small, misshapen, and placed considerably in advance of its normal position. The corresponding side of the lower half of the face was much flattened, and the chin receded so as to give to the countenance somewhat of an idiotic expression.

LARCHER.—*On the Intermaxillary Bones of Man.* Compt. Rend., vol. xlviii, p. 46.

Rousseau having lately presented a paper to the Academy, in which he states that all animals, *with the exception of man*, have intermaxillary bones, Larcher, in the above communication, points out the error of making man an exception to the rule. If, he says, a human fœtus be examined sufficiently early, the existence of these bones can be easily demonstrated; it will also be found that they very soon become united to the maxillaries, and leave no trace of their ever having had an independent existence. Rousseau makes some remarks on this communication at page 176 of the same volume, while at page 260 will be found some further observations on the same subject by M. Larcher.

J. W. HULKE.—*On the Tissue which intervenes between Articular Cartilage and Bone.* Med. Times and Gaz., 21st July, p. 69.

Hulke, in exhibiting several specimens and drawings to the Pathological Society, said that his observations confirmed those of Messrs. Tomes and De Morgan. The thickness of the articular lamella varies from 1-28th of an inch to 1-4300th. Its upper border joining the cartilage has a notched outline, the depressions corresponding to the alveoli which receive the columns of cartilage-cells, the projections representing the portions between neighbouring alveoli. Its deep-bounding line is very sinuous, and off-shoots of the lamella sink so deeply into the true bony tissue, that in vertical sections small portions are occasionally found completely insulated. The component elements of the lamella are a matrix, and certain black objects of considerable size, occurring singly or grouped, imbedded in it. The matrix is either glassy or granular, the granules are fine or coarse, and frequently crowded so as to form alternating strata of light and dark bands. The addition of dilute hydrochloric acid to a thin section causes effervescence, the granules disappear, the matrix becomes clear and regains the natural elasticity of articular cartilage; at the same time it becomes apparent that the large, black objects in the matrix are cartilage-corpuscles enclosing clusters of secondary cells. By soaking in ether these cells and their nuclei are rendered very conspicuous. Turpentine, glycerine, and some other highly refracting fluids, also bring the cells into view. From these, he says, it appears that the articular lamella is only a layer of cartilage retaining its anatomical characters, but hardened by impregnation with earthy matter, and it might be expected that before its petrifaction it would be liable to those changes which are common to the matrix of other hyaline cartilages.

A. FRIEDLEBEN.—*Contributions to the Chemical Constitution of Cartilaginous Tissue.* Siebold's u. Kölliker's Zeitschr. f. Wissensch. Zool., vol. x, p. 20. Canst., vol. i, p. 73.

The author finds that the reaction of the extract obtained from the cartilage which precedes bone-formation, differs from that of true bone-cartilage solely because its mode of preparation is different. If the former cartilage be, as usual, boiled in distilled water, the solution yields the reaction of chondrin, whereas the reaction of glutin is obtained from an aqueous solution of the extract separated from bone-cartilage by dilute muriatic acid. But if, on the other hand, hyaline cartilage be left for some days in weak muriatic acid, its extract yields no longer chondrin, but glutin. An ossified costal cartilage, treated in a similar manner with muriatic acid, likewise yields glutin.

G. VARNELL, M.R.C.V.S.—*A Peculiar and Unusual Disease of the Osseous Tissue in the Horse; resembling, in many of its characteristics, Mollities Ossium, Rhachitis, Osteoporosis, and Fatty Degeneration of Bone.* pp. 24. Reprinted from the Veterinarian, 1860.

Dr. HARLEY.—*On the same Peculiar Disease.* Trans. Path. Soc., p. 308.

MUSCULAR SYSTEM.

MATTEUCCI.—*On the Electrical Phenomena which accompany Muscular Contraction.* Proc. Roy. Soc., No. 39, p. 344.

Dr. RADCLIFFE.—*An Inquiry into the Muscular Movements resulting from the Action of a Galvanic Current upon Nerve.* Proc. Roy. Soc., No. 39, p. 347.

Matteucci says that, during the contraction of a frog's muscle, there is an instantaneous electrical discharge, which takes a contrary direction to that of the *relaxed gastrocnemius*, and in general to that of the current, which is found on applying the extremities of the galvanometer to the extremities of the limbs of a frog. By keeping the muscle in a state of tetanic contraction, it is found that the electrical phenomenon accompanying contraction becomes gradually less intense as the contractions are more and more feeble. Matteucci relates some experiments, and then adds—In all of them, the moment that the thigh begins to contract, the needle moves in a constant direction, the deviation being greater or less according to the force of the contraction, and indicates a descending discharge, which traverses the thigh in the direction of the ramification of the nerves, and in a contrary direction to the current of the gastrocnemius.

As the abstract of Radcliffe's paper on the muscular movements resulting from the action of the galvanic current upon nerve occupies no less than twelve pages of the 'Proceedings,' we can only quote a few remarks from the latter portion of it. If, says the author, contraction attends upon the beginning of the direct current, because this current is found to favour contraction, it is not difficult to find a reason which will explain in some degree, not only why, in *the period of double contraction*, the strongest contraction is at the beginning of the direct current, but also why, in the first part of the period—*that of single contraction*—contraction should continue to attend upon the *direct* current after it has ceased to attend upon the *inverse* current. Nor are the apparent irregularities in contraction, he thinks, entirely inexplicable; for it may be that these seeming irregularities are nothing more than the natural consequence of the changes which at this time have taken place, and are taking place, in the direction of the nerve-current.

J. Béclard.—*On the Heat produced during Muscular Contraction.* Compt. Rend., 5th March, 1860, p. 471.

It is generally admitted that a certain amount of heat is generated in the substance of the muscles at the moment of their contraction. Béclard now adds, that there are two different kinds of muscular action, and that they develop different quantities of heat.

1. When the muscular contraction is merely sufficient to maintain in equilibrium a resistance which it does not overcome. This the author names "*contraction statique.*"

2. When the muscular action is so powerful as to overcome the resistance, and give rise to visible results, as, for example, when the muscles of the arm move a weight. This the author names "*contraction dynamique.*"

From the results of a great number of experiments made upon himself, he concludes that the "*contraction statique*" develops a much greater amount of heat than the "*contraction dynamique.*"

Dr. M. Foster.—*On the Effects produced by Freezing on the Physiological Properties of Muscles.* Proc. Roy. Soc., No. 40, p. 523.

The conclusions Foster came to were:

1. Completely frozen muscles are not irritable to the strongest galvanic stimulus we possess.

2. Muscles which have been frozen for a short time only (five or ten minutes at the longest) may regain their irritability on being thawed.

3. Muscles which have been frozen for more than ten minutes never regain their irritability.

4. The loss of irritability seems to be due more to the occurrence of freezing than to any mere fall of temperature. For, the author says, although the irritability diminishes with the fall of temperature, yet the great loss and final extinction takes place only when the tissue itself is frozen.

5. A muscle may be in great part frozen, and yet capable of producing a movement when stimulated by the contraction of the unfrozen part.

6. The passage into the frozen condition is accompanied by no contraction.

7. Frogs' limbs freeze exactly in the same position as they were previously maintaining.

8. The reaction of frozen muscle, as indicated by litmus paper, is neutral or faintly alkaline, thus, the author says, differing from recently dead muscles.

9. There is no exact relation between the duration of the frozen state and the duration and amount of the revived irritability. A muscle frozen three minutes does not regain twice as much irritability, or remain twice as long irritable, as one frozen six minutes.

10. Muscles once frozen, however "kindly" treated, eventually die sooner than those left untouched.

11. In muscles which never regain their irritability, the act of thawing is accompanied by the onset of a peculiar rigor, differing from "rigor mortis," and resembling "rigor caloris" in being an active contraction, *i.e.* in producing a movement. This contraction is never seen in muscles destined to regain their irritability.

12. The contraction continues after the production of the movement, as a peculiar rigidity, which vanishes only when the softening from decomposition becomes apparent.

The effect of a low temperature on the frog's heart, Foster says, is very peculiar. There is a great diminution in the rate of rhythm, and very marked increase in the duration of each systole, so that sometimes the heart is frozen in a tetanic beat, as it were. The author never saw a frozen heart resume its beat when thawed, but often one part of the ventricle still beating while another part was hard-frozen.

Nerves, like muscles, lose their excitability when frozen, and regain it on being thawed, if they have not been frozen too long.

W. KÜHNE.—*On the Coagulable Substance of Muscle.* Ber. der Berl. Akad. 1859, p. 493. Canst., vol. i, p. 220.

In this communication Kühne narrates many interesting facts regarding the coagulable substance of muscle, which have a direct bearing on the question of the origin of rigor mortis.

In warm-blooded animals, the rigidity of the muscles begins very soon after death; even before they have entirely lost their irritability a stiffening may be observed. In cold-blooded animals, on the other hand, not only does the rigor mortis not commence for a considerable time after the circulation has entirely ceased, but it is even delayed until muscular irritability has totally disappeared. In the latter species of animals, it has even been observed that a certain period of time elapses between the departure of irritability and the arrival of rigor mortis. On a former occasion the author showed that rigor mortis was not an inherent property of muscular fibre, for by means of a solution of sugar, or of common salt, he was able to extract from the muscle the coagulable material, and that, after extraction, this substance would not unfrequently spontaneously coagulate in the vessel in which it was placed. Kühne now adds, that the fluid obtained from the muscles of warm-blooded animals coagulates very quickly, while that obtained from the muscles of the frog remains liquid for a considerable length of time. At a temperature between 0° and 5° C., the latter substance may be kept for more than a week in a liquid state, and if at the end of this time it be removed to a room of a temperature above 15° C., it rapidly coagulates. This agrees with the well-known fact, that moderate heat hastens the advent of rigor mortis. At a temperature of 40° C., the fluid expressed from frogs' muscles immediately coagulates, and the muscles themselves (not those from which the fluid has been extracted) at the same temperature instantly become rigid. The acid reaction of the muscle is observable as soon as rigor mortis sets in; before that, the muscles are alkaline or neutral. The fluid, on the other hand, retains (if filtered) its alkaline reaction after it is coagulated, and does not become acid until it has been exposed for a considerable time to the air.

It was formerly thought that rigor mortis could be removed, and irritability restored to all muscles, by injecting arterial blood into the muscles of the limb. Kühne, however, shows that this is only true as regards warm-blooded animals.

W. KÜHNE.—*On the Chemical Irritation of the Nerves and Muscles.* Compt. Rend., vol. xlviii, pp. 406, 476. Gaz. Méd., No. 11, p. 191. Mon. des Hôp., March, 1859, No. 31, p. 248.

W. KÜHNE.—*On Direct and Indirect Irritation of Muscles by means of Chemical Reagents.* Reichert's u. Du Bois' Archiv. f. Anat. u. Phys., 1859, p. 213.

W. KÜHNE.—*On Muscular Twitchings Independent of the Nerves.* Ib., p. 314.

W. KÜHNE.—*On "Idiomuscular" Contractions.* Ib., p. 418. Canst., pp. 74, 75, and 76.

The researches of Kühne were chiefly designed to determine the question of the independence of muscular irritability on nervous influence. The muscle which the author commonly employed was the sartorius of the frog, and it was usually to an upper transverse section that the irritants were applied. It was in general found that none but concentrated acids excited twitchings when brought in contact with the nerve, while dilute solutions, containing but one half or even one tenth per cent., for example, of muriatic acid, affected the muscular mass. Nitric acid acts similarly; and if one sartorius be placed in water, and a second in nitric acid diluted to less than one tenth per cent., the second muscle will soon be found to be the more susceptible of the electric current.

The action of alkalies, such as potash and soda, differs less than that of acids upon nerve and muscle. The cut surface of the sartorius muscle responds to the vapour of ammonia, although this agent has no power upon the nerve. Lime-water acts only on the muscle.

A solution of sulphate of copper, containing 4 per cent. of the salt, and solutions of the chloride of sodium or calcium far too weak to act through the nerve, still elicit contractions when directly applied to the muscular substance. Chloride of iron and acetate of lead act upon the latter alone. Pretty strong acetic acid is required to excite the nerve, whilst the vapours merely, escaping from it at an ordinary temperature, are sufficient to affect the muscle. Syrupy lactic acid only excites the nerve, but if diluted so as to penetrate the muscle, the latter in its turn becomes the more sensitive. Creosote acts vigorously upon the nerve, weakly on the muscle. Alcohol has similar, ether and chloroform converse, effects, although it must be admitted that all three are rather feeble excitants. Fatty oils and oil of turpentine soon destroy irritability. When a nerve is dipped in glycerine, tetanic spasms are excited, which continue till vitality ceases. Undiluted glycerine has no effect upon muscular substance, but, when diluted, glycerine becomes strongly irritant thereof. Bile causes contraction in the dead, and excites twitchings in the living muscles.

After the nerves are paralysed by the constant current, the muscle is still acted on by muriatic acid of different strengths, precisely as if the nerves were unaffected. The same result is obtained from potash, soda, ammonia, and lime-water. Even the feeble twitchings produced by the simple immersion of a muscle in water are due to the irritability of the muscular substance; for they continue, notwithstanding the paralysis of the nerve by the current.

KÜHNE regards the contractile substance of muscle as a fluid.

It may be assumed, says our author, that in producing "idiomuscular" contraction, one segment of the active nerve or muscle serves as an excitant to the adjoining segments, and the tendency to propagate the muscular contractions becomes less and less in proportion as the excitability of the nerves and muscles diminishes.

SCHELSKE (and WUNDT).—*On the Chemical Irritants of Muscle.* Canst., vol. i, p. 72.

W. WUNDT.—*On the Course of "Idiomuscular" Contraction.* Amtl. Ber. d. deutschen Naturf. u. Aerzte. Carlsruhe, 1859, p. 200.

Kühne's researches induced these authors to go over a great part of the same ground. They combat the assertion that there are chemical irritants to which the muscle, and others to which the nerve, alone replies. All chemical excitants, they say, have always essentially the same action upon muscle and nerve, the only exceptions to this rule being corrosive sublimate, and occasionally creasote; and even these exceptions are explicable without the assumption of independent irritability of muscular substance—an hypothesis which is contradicted, according to these authors, by the circumstance that the twitching occasioned by directly exciting the muscular substance is invariably more marked the nearer the point acted upon is to the entry of the nerve.

KÖLLIKER.—*On Idiomuscular Contractions.* Amtl. Ber. d. deutschen Naturf. u. Aerzte. Carlsruhe, 1859, p. 202. Canst., vol. i, p. 76.

Kölliker found that the muscles of frogs poisoned with woorara contract when common salt is sprinkled upon them, just as sound muscles do. This is likewise the case when the animals are poisoned with small doses of conia, whereas when large doses are employed, and paralysis and rigidity of the muscles and of the heart supervene, the chloride may prove inactive, whilst the electric current still continues to act, though feebly.

E. FAIVRE.—*Experiments on the Abolition, after Death, of the Properties of the Nerves and Muscles of Frogs.* Biblioth. Univers. de Genève. Nouv. Pér., vol. iv, p. 284. Canst., vol. i, p. 77.

The author finds that the irritability of frogs' nerves is lessened, or absolutely gone, in from seven to twenty hours after death, whereas the muscular contractility has vastly increased; and when the latter reaches its maximum, the nerve is no longer impressionable. The gentlest irritation, which was hitherto inoperative, now induces the liveliest contractions; and this state lasts several hours, when sensibility again gradually diminishes, and at length disappears as rigor mortis sets in. The maximum of muscular contractility occurs sooner when the motor nerve has been divided during life. Everything that weakens the nervous influence seems to enhance the muscular power.

W. TURNER, M.B.—*Remarks on the Musculus Kerato-Cricoideus, a Muscle of the Larynx (Merkel's Muscle).* Ed. Med. Jour., Feb., 1860, p. 744.

Merkel (in 1857) described a muscular slip occasionally extending between the posterior surface of the cricoid cartilage and the posterior margin of the inferior cornu of the thyroid, and thus forming one of the intrinsic muscles of the larynx. Turner searched for this muscle in thirty two cases, and his dissections revealed it in seven, being in the ratio of 21·8 per cent. In four of these it was on the right side only, in two on the left, and in one on both sides. The statement of Merkel, that the muscle exists only on one side, is therefore not absolutely correct. The muscle is not confined to the larynx of one sex; Turner found it in females as well as in males, but more frequently in the latter. It exhibits considerable differences in breadth, being from a mere thread to the one eighth of an inch broad. Its function has not been ascertained.

CH. AEBY.—*The Muscles of the Human and Mammalian Forearm and Hand.* Siebold's u. Kölliker's Zeitschr. f. Wissensch. Zool., vol. x, p. 34. Canst., vol. i, p. 79.

Proceeding upon the assumption that the functional utility of a muscle is proportional to its weight, the author found in the course of his inquiries that the muscles which move the forearm always preponderate considerably over those destined for the hand. In the mole, which uses its forearm much more than its hand, 76 per cent. of the whole muscles is devoted to the movement of the forearm. In the guinea-pig, the per-centage is 75; in the cat, only 61. The squirrel, the monkey, and even man, show a still smaller proportion; whilst in the bat it is but 58, the lowest of all. It is generally found that the flexors of the forearm increase in weight, the less the limb has to do with the support of the body; they do not, in any quadruped, equal the weight of the extensors; in man, on the other hand, they actually exceed them. The greater functional development of the hand leads to a corresponding increase in the weight of the muscles of the fingers, as compared with those attached to the wrist. In the mole, and still more in the pig, the extensors strikingly preponderate over the flexors of the wrist. With regard to the muscles of the fingers, the reverse is the case, in all animals except the mole. In this creature, the extensors of the hand are twice as active as in other animals, and their weight is more than double that of the flexors. In very young children, the muscles moving the forearm are considerably lighter than those moving the hand; this almost entirely arises from the deficient development of the flexors. The flexors of the wrist are likewise but slightly developed.

G. H. MEYER.—*The Human Hand.* Akad. Vortrag, Zürich, 1859, 8vo.

JOBERT DE LAMBALLE.—*On Involuntary Rhythmical Muscular Contraction and Voluntary Muscular Action. Rhythmical Involuntary Contraction of the Right Peroneus Brevis.* Compt. Rend., vol. xlviii. Gaz. Hebd., 1859, No. 17, April, p. 266. Canst., vol. i, p. 76.

A girl, aged 14, who had been subject for six years to twitchings of the peroneus brevis, was able to produce thereby similar sounds to those of which spirit-rappers avail themselves. The sound could be produced at all times and in all attitudes. Velpeau availed himself of the occasion to remark, that other tendons, those, for example, of the tibialis posticus, flexor pollicis pedis longus, and the long head of the biceps brachii, may produce similar phenomena, after relaxation or tearing of the adjoining fibrous tissues. Cloquet also stated, that he knew a girl who could cause a pretty loud crack by torsion of the lumbar portion of the spinal column.

C. BAIERLACHER.—*Peculiar Muscular Movements in the Human Subject.* Henle u. Pf.'s. Zeitsch., vol. viii, p. 263, 1860.

For some years past, Baierlacher has noticed that, on percussing very emaciated individuals over the latissimus dorsi, a peculiar muscular contraction follows each blow. On a smart tap being given to the muscle, a hollow is observed, on each side of which rises up a wave, which is immediately transmitted to the end of the muscle, and again returned to the spot from whence it set out. The hollow at the same time disappears. A similar muscular movement may be obtained from nearly all the large muscles of the body; and it is found that, the oftener the experiment is repeated on the same muscle, the more indistinct does the phenomenon become.

Prof. JONATHAN OSBORNE.—*On some Actions performed by Voluntary Muscles which by habit become Involuntary; with Practical Applications.* Dub. Quart. Rev., Nov., p. 285.

From this paper we extract the following remarks on the actions connected with respiration. The inspiratory muscles have the structure of voluntary muscles, and during our waking hours are completely under the control of the will. But there is a limit beyond which our dominion over them ceases. Thus, during sleep, or during epileptic seizures, their action continues without any effort on the part of the individual; and even when consciousness remains perfect, his power over the respiratory muscles is limited. When, for example, a person tries to cease breathing altogether, he finds it to be an impossibility.

The average number of respirations in health is about 18 per minute, or one fourth of the number of pulsations of the heart. In violent mental emotions, the heart and the respiratory muscles are both equally thrown into excessive action; in such cases, the heaving of the chest, or panting, is much more remarkable in women than in men, from the respiration in the former being carried on more by the intercostal muscles and less by the diaphragm than in men.

On the other hand, the proportion of respirations is greatly diminished below the natural standard, when the mind is absorbed in anxious or sad reflections. In such cases, the individual breathes not only with such long intervals, but with such imperfect inspirations, that he is forced every now and then to recollect himself, and to compensate for the deficiency by making a full inspiration. By doing this, he is enabled to forward the passage of the blood through the pulmonary vessels, and relieve the turgescence of the right cavities of the heart. This, the author says, is the true explanation of the kind of oppression which prompts us to relieve ourselves by what is usually called a sigh.

Dr. VALENTINER.—*On the Presence of Inosite in the Muscles of Drunkards.* 35th Ber. d. schles. Geselch.; Froriep's Notiz., vol. i, p. 112. Schmidt, vol. 103, p. 158.; and Canst, vol. ii, p. 72.

Valentiner found—(1) a large quantity of inosite in the voluntary muscles of eight drunkards; (2) in none of the cases did he find any inosite in the heart, (3) or in the urine; (4) in one case, only a little was detected in the brain; (5) the quantity of inosite in the voluntary muscles (the pectoral were those examined) was nearly the same in all the cases; (6) the eight individuals had suffered from delirium tremens; (7) the age or concomitant diseases did not seem to affect the quantity of inosite; (8) the presence of so much inosite in the voluntary muscles appears to be characteristic of the drunkard's habit of body, for in twenty-one other cases (various diseases) there was either none at all or only traces of inosite to be found.

Prof. JAC. MOLESCHOTT.—*Micro-chemical Procedure for the Examination of Smooth Muscle.* Wien. med. Wochenschr., 48, 1859. Schmidt, vol. 106, p. 12.

Moleschott finds that smooth muscle is best prepared and preserved for microscopical purposes by leaving it for eight days in a solution composed of one part of strong acetic acid, one part of alcohol, and two parts of distilled water, and afterwards keeping it in a very feeble solution of acetic acid, namely, one part of acid to twenty-five of alcohol and fifty of water. If the object be not so much to show the nuclei as to separate the fibres, the author recommends a weak solution of potash to be used instead of the acid, for it appears that the cell-wall is least acted upon by the alkali, the nucleus by the acid.

VASCULAR SYSTEM.

Dr. POWER.—*Anatomy of the Arteries of the Human Body, Descriptive and Surgical; with the Anatomy of the Heart.* Illustrated by B. W. Richardson, F.R.C.S.I. 12mo. pp. 374, 1860.

Dr. SUCQUET.—*On the Circulation of the Blood in the Limbs and in the Head of Man.* Pamphlet, pp. 55. Paris, 1860.

JAMES PETTIGREW.—*On the Arrangement of the Muscular Fibres of the Ventricular Portion of the Heart of the Mammal.* Proc. Roy. Soc., No. 39, p. 433.

Pettigrew believes the left ventricle to be the typical one; and by exercising a little care, he was able to unwind, as it were, the muscular substance, and so to separate its walls into several layers, each of which is characterised by a difference in direction. Seven layers, at least, can, he says, be shown by dissection; but he thinks there are in reality nine, viz., four external, the fifth or central, and four internal, the internal being continuous with the external fibres at the apex, and the fibres constituting the several external layers being continuous with corresponding internal layers likewise at the base.

As regards the direction of the fibres, the author remarks that there is a gradational sequence, the first layer being more vertical in direction than the second, the second than the third, the third than the fourth, and the fourth than the fifth; the fibres constituting the latter layer, being transverse, run at nearly right angles to those of the first layer. The order of things is reversed in the internal layers, viz., six, seven, eight, and nine gradually return to the vertical in an opposite direction and inverse order. Pettigrew compares the arrangement of the fibres in the layers to that of the double conical spiral, and points out how the continuity of the external and internal fibres at the apex can, in a similar manner, be explained. It seems, therefore, that the fibres do not form simple loops pointing towards the apex, as generally supposed, but twisted, continuous loops, pointing alike to apex and base.

Pettigrew next remarks that the musculi papillares are formed from the external fibres which pass into the interior of the ventricle in two different bundles. When speaking of the right ventricle, he says that the easiest way to view it is in the light of a segment of the left one, which, as was before said, he looks upon as the "typical" ventricle. In corroboration of this opinion, the author refers to the shape of the right and left ventricular cavities, as shown by casts of their interior. The left always yields a beautiful and perfect, right-handed, conical screw, while the cast of the right ventricle, although it has the same twist, represents only an incomplete portion.

Dr. M. FOSTER.—*Contributions to the Theory of Cardiac Inhibition.* Meeting of Brit. Association at Oxford. Lancet, 7th July.

Foster details a series of experiments illustrating the action of galvanic currents of different strengths upon the contraction of the heart, through the agency of the pneumogastric nerves. His experiments were made chiefly on the snail, and the results prove the inhibitory action of these nerves upon the heart.

Dr. G. B. HALFORD.—*On the Action and Sounds of the Heart. A Physiological Essay.* pp. 47.

Halford concludes, from his experiments, that both sounds of the heart are caused by the vibrations of the valves produced by the backward pressure of the blood, first against the auriculo-ventricular (first sound), and, secondly, against the ventriculo-arterial valves (second sound). The *bruit musculaire* is, in his opinion, nothing more than the vibrations of the compressed air in the tube of the stethoscope, or in the external auditory meatus, produced by the impulsion of the instrument against the ear. The striking of the heart's apex against the ribs, which has been given as the cause of the first sound, is, he thinks, "no cause at all," while the theory of the sounds being produced by the passage of the blood through the heart is even less satisfactory. In conclusion, Halford says that, when the first sound is heard, the ventricles contract, and the auriculo-ventricular valves are made *tense*, and completely separate the cavities of the ventricles from the auricles; the *tension* of these valves produces the first sound, When the second sound is heard, the ventricular systole has ceased; the aorta and pulmonary artery have reacted upon their contents; the cavities of the ventricles are separated from the systemic and pulmonary systems by the closure of the semilunar valves, the *tension* of which produces this sound.

——— *On the Action of the Heart, and the Signification of its Throb.* Several letters from different gentlemen will be found on this subject in the Lancet of the 28th of July, 4th, 11th, and 18th of August.

On the Sounds of the Heart.—Letter by Dr. MARKHAM. Med. Times and Gazette, Nov. 17th, p. 487.

Prof. J. BUDGE.—*Remarks on the Experiments of Professor V. Wittich, on the Dependence of the Rhythmical Movements of the Heart upon the Cardiac Ganglia.* Deutsche Klinik, No. 3, p. 28. *Wittich in reply*, ib., No 16. *Budge's rejoinder*, No. 26, p. 264.

EINBRODT.—*On Irritation of the Heart, and its Relations to the Pressure of the Blood.* Sitz.-ber. d. Wien. Akad., vol. xxviii, 1859, p. 345. Canst., vol. i, p. 105.

From experiments on dogs and rabbits made by the author, under Ludwig's guidance, it appears—(1) that the heart is extraordinarily sensitive to electricity. (2) The number of pulsations increases and the lateral pressure in the carotid artery diminishes in proportion to the duration and intensity of the electric current. (3) Death readily occurs from electric excitement of the heart's substance. It is brought about by the diminished pressure and velocity of the blood. (4) Previous irritation of the vagus lessens the effects of direct excitement on the heart. (5) If both nerve and heart be simultaneously galvanized, the result lies midway between those of the separate irritations. (6) When the heart is excited after the vagi, the pulse is less accelerated, and the pressure of blood less diminished. (7) Tremor of the heart-substance remains after direct irritation, but can be arrested by galvanizing the vagus. (8) The conditions induced by direct irritation of the heart and excitement of the vagus respectively are perfectly opposed to each other in relation to cardiac movements. (9) With a continuous electric current, the pulse quickens, and the lateral pressure in the carotid increases with the intensification of the current. (10) At length it attains a maximum, from which it again diminishes as the intensity of the current increases, till at last the heart pauses in diastole, and death ensues. (11) Genuine tetanus of the heart occurs neither with the continuous nor with the interrupted current.

EINBRODT.—*On the Influence of the Vagi on the Heart's Movements in Birds.* Reichert's u. Du Bois's Arch., 1859. Canst., vol. i, p. 105.

In birds, as in quadrupeds, the heart's action is stopped when galvanism is applied to the vagus. The pause lasts longer when both vagi are acted upon, and is in some measure proportional to the intensity of the electric current. The heart's pause generally lasts from five to ten seconds, very rarely half a minute. After the galvanized part of the nerve has become too much injured any longer to convey the stimulus, by shifting the poles of the battery a little lower down the effects on the heart are immediately renewed.

On the renewal of the heart's action during the galvanism, the pulsations are at first few and feeble, they then slowly increase in number and in strength, but never become so frequent as normal. Division of one or both vagi in birds increases the frequency of the pulse, but less so than in mammalia.

BERNARD.—*Vaso-motor Influence of the Sympathetic Nerve.* La Clin. Europ., 1859, No. 29, p. 282.

When a manometer was inserted into the right coronary artery of the lip of a horse, and a second instrument put into the left vessel of the same animal, both instruments showed a pressure of 160 to 180 mm. The pressure of the blood increased 40 mm. on the left side after division of the corresponding cervical sympathetic. In the coronary veins of the lips the instruments showed a pressure of 30 to 40 mm., which increased to 50 or 60 after section of the sympathetic, while the pressure again fell 20 mm. when the nerve was galvanized. As other effects of the division of the nerve, were noticed pulsation of the veins and brighter colour of the venous blood.

MIERSWA.—*On the Mechanism of the Semilunar Valves.* Schmidt, vol. 104, p. 158.

The author adopted the method of Rüdinger, and obtained similar results. His conclusions are—(1) That the semilunar valves are not applied against the walls of the sinuses of Valsalva during the systole.

(2) That the blood in the sinus of Valsalva plays an important part in their closure during the diastole. (3) That but a minimum of blood is driven back into the ventricle by the elasticity of the arterial walls. (4) As the valves are always separated by a certain quantity of blood from the walls of the sinuses, they can never close the coronary arteries.

A. C. J. Bressler.—*The Cardiac Diastole.* Utrecht, 1859, 8vo. Canst., vol. i, p. 35.

This dissertation after treating of the recent views of muscular elasticity and contractility, and applying them to the heart, gives the result of experiments made on the dead hearts of men, quadrupeds, and birds, to learn the effects of the penetration of liquids into the coronary arteries upon the size of the ventricular cavities. A manometer placed in the pulmonary vein indicated that the filling of the coronary arteries expands the walls of the heart, and increases the size of its ventricular cavities.

J. M. Cohen.—*The Myodynamics of the Heart and Blood-vessels.* Berlin, 1859, 8vo. Canst., vol. i, p. 34.

Cohen conceives that the heart's transverse and longitudinal fibres contract by turns, like the antagonistic voluntary muscles, and that the contraction of the one set causes the relaxation of the other. The ventricular systole he believes to be the rhythmical contraction of the transverse fibres, from which action he draws, with the aid of his ideas regarding antagonism, various conclusions as to the action of the valves. He defends the view that the heart's impulse occurs during the diastole.

Gerhardt.—*On the Heart's Movements.* Verhandlung d. phys. med. Ges. zu Würzb., vol. ix, parts 2 & 3. Canst., vol. i, p. 36.

Gerhardt's observations were made on a lad, aged eighteen, in whom an intestinal fistula allowed the point of the finger to penetrate as far as the diaphragm and apex of the heart. The heart was felt to move during the systole to the left and downwards while the patient was lying on his left side and breathing deeply. A distinct descent of the margin of the right ventricle was perceived during sleep, and even during calm inspiration. The lower portion of the heart and corresponding part of the diaphragm shifted downwards and to the right when the patient lay on his right side; to the left and upwards when he turned over to the left side.

R. Vierordt.—*The Law of Dependence of the Mean Periods of Circulation upon the Mean Rates of Pulse in different Animals, based upon Experiments on Mammals and Birds.* Wunderlich's Archiv, 1858, part 4, p. 527.)

The law formerly announced, and here corroborated, is, that the average number of the heart's beats corresponding to the circuit of the blood amounts, in mammalia, to 26—28, no matter whether the mean rate of the pulse natural to the species be high or low. Forty-eight experiments on eight species of mammals gave an average of 26·8.

In birds the law is similar to that in mammals, sixteen experiments on seven species giving the number 28. It may be assumed that the mean period of the blood's circuit in these classes of animals corresponds to the time within which the heart performs 27 beats. Now, as the maximum frequency of the pulse of a young squirrel is 430 in the minute, it follows that the minimum period required for the blood's circuit in mammals is only three and three quarter seconds.

The result of these inquiries proves that one common plan presides over the circulation in the mammalia. The proportion of blood, and the relative quantity thrown out of the heart at each ventricular systole, are everywhere the same, so that the frequency of the heart's action determines the period required for the circulation of the blood through the system.

H. MEYER.—*On the Influence of the Nerves upon the Colour of the Venous Blood.* Reichert's u. Du Bois's Arch., 1859, p. 206. Canst., vol. i, p. 107.

In the cutaneous veins of the hind legs of two rabbits the blood, some time after division of the sciatic nerves, became bright red, and continued so five or seven days. In three rabbits the blood of the carotid became darker, or contained streaks of dark blood, after division of both vagi. Meyer's view is, that the paralytic dilatation of the vessels gives passage to so much blood that it cannot be all properly changed in the capillaries.

SCHELSKE.—*The Action of Heat upon the Heart.* Verh. d. naturh. med. Ver. zu Heidelberg, vol. ii, p. 26, 1860.

1. At a temperature of from 28° to 35° C., the pulsations of a healthy frog's heart are at first increased, and then arrested. 2. The action of the ventricles ceases before that of the auricles. 3. At a temperature of 10° or 15° C., the pulsations are normal. 4. If the heart be exposed to a temperature of 0° C., its action is quickened, but only for a short time. 5. Cold stops its action much sooner than heat.

If, after the action of the heart has ceased from the effects of heat, the vagi be stimulated by galvanism, muscular contraction is induced; and if an induction-current be kept up, the heart is thrown into a kind of tetanic spasm.

E. WAGNER.—*On a Case of True or Primary Softening of the Heart.* Archiv d. Heilk., 1860, p. 185.

On making the post-mortem examination of a child sixteen days old, whose mother died of puerperal fever, Wagner found the heart in a very peculiar condition. The pericardium was normal. The heart was flabby; both ventricles were of about the same thickness, and contained a small quantity of coagulated blood. The left ventricle was so soft that, on attempting to open it, it broke in pieces, and became a pulpy mass. The right ventricle was in a similar, or even softer, condition, but the auricle was normal. On putting some of the muscular tissue of the left ventricle under the microscope, it fell to pieces so readily that it did not require to be teased out; fragments of muscular fibres were seen, resembling the smooth, spindle-shaped cells of involuntary muscle. They possessed no striæ, and were, for the most part, nucleated. Free cells and granules were also observed, but no fat-globules. The sarcolemma was, in some parts, thickened and œdematous. The substance of the right ventricle had a somewhat similar appearance to that found in the left. No striated fibres were anywhere to be seen. The upper part of the right lung was emphysematous, and the left pleural cavity contained a quantity of bloody, purulent fluid, compressing the lung. Wagner remarks that this was not a case of fatty softening of the heart, neither could it be one of simple putrefaction, as the weather was cold, and the examination made thirty-six hours after death.

SYDNEY RINGER.—*On the Alteration of the Pitch of Sound by Conduction through different Media.* Proc. Roy. Soc., Jan., p. 276.

SYDNEY RINGER.—*On the Alteration of Pitch of Cardiac Murmurs by Conduction through the various Media composing the Thoracic Organs and Walls.* Ed. Med. Journ., Sept., p. 249.

In the paper published in the 'Proceedings of the Royal Society,' Ringer endeavours to show that the pitch of sound is altered by conduction, the nature of the alteration varying with the conducting medium. The following is the summary of his conclusions:

That porous substances, such as wood or bone, lower the pitch in proportion to their porosity. All other solids, such as iron and glass, raise the pitch.

Fluids raise the pitch.

Fluids in motion raise it more than fluids at rest.

Solutions in water raise it more than pure water, and in proportion to the strength of the solution.

Minute particles suspended in water raise it more than either pure water or solutions.

Gases raise the pitch slightly.

The heart's substance lowers the pitch.

Cellular tissue raises it.

All the above alter the pitch in proportion to the amount of the conducting medium listened through.

Ringer believes that a murmur heard through the lung has its pitch raised in consequence of the presence of air. A full and retained inspiration therefore increases the sound. The following, he says, is the diagnostic application of the facts which he cites:

When a murmur is very intense, it is audible over the entire heart-region, often rendering it difficult to decide whether there is but one murmur audible at the other orifices merely by conduction, or whether two original murmurs exist. The point of greatest intensity will decide one; and, if percussion dulness excludes the possibility of fluid in the pericardium, and the pitch of the less intense murmur heard at the other orifices be higher than that of the most intense, this is indubitable proof of the existence of a second murmur.

In cases where tumours simulate in their percussion dulness, fluid in the pericardium, should a murmur exist, the tumour being solid would probably lower the pitch; should it be, however, fluid, the pitch would be raised by conduction through it. Again, it is often difficult to decide whether a basic murmur be aortic or pulmonary, or both; it being heard with equal intensity at both second cartilages. If aortic only, the pitch will be heightened at the second right cartilage, but lowered at the second left, and *vice versâ* in the case of a pulmonary murmur; whilst, should both exist, the pitch will be heightened at both cartilages.

POISEUILLE.—*On the Pressure of the Blood in the Arterial System.* Compt. Rend., August, 1860, p. 238.

Some years ago, Poiseuille stated that if two hemodynamometers of equal dimensions were simultaneously applied at two points of the arterial system, at unequal distances from the heart, they would both indicate the same degree of pressure. This statement is contrary to the ideas of Bichat, who thought that the force of the blood is solely due to the action of the heart, and that the impulse of the blood gradually diminishes as it approaches the capillary system. Volkmann, in 1850, showed, on physical grounds, that Poiseuille's views could not be correct. Our author has now repeated and extended his experiments, and gives, in the present communication, the results obtained in a tabular form. It is, however, unnecessary here to give the tables; suffice it to say that Poiseuille, by employing tubes with branches so arranged as to imitate the arterial system, obtained results opposed to the statements of Volkmann and confirmatory of his own views.

Dr. Marey.—*Researches on the Circulation in Health and Disease.* Paris, 1859, 4to.

Dr. Marey.—*On the Pulse, and on Vascular Murmurs.* Journ. de la Phys., 1859, pp. 259, 420. Canst., vol. 1, p. 37.

Arterial elasticity enables the ventricle to expel more blood into the vessels than it could with the same power drive into a system of rigid tubes, where the whole friction would require to be simultaneously overcome. The dilatation of the arteries not only obviates the necessity of instantly overcoming the friction (which increases with the square of the velocity), but also of propelling all the fluid forward at once. Elastic tubes do not, of course, possess those advantages except when the stream of liquid is intermittent. The circumstances just alluded to, the author thinks, explain why ossification, or any other condition which lessens arterial elasticity, favours dilatation of the ventricles.

In order to determine the effects of an intermitting flow of liquid upon elastic tubes, the author used a hemodynamometer, carrying a capillary tube at the upper end of its ascending limb. The position of this tube was such as to cause a gradual rise of the column of liquid corresponding to the true mean pressure, and a considerable source of error was thereby obviated. An increased supply of fluid to a tube enhances the lateral pressure mostly near the inlet, whilst an impediment to the outflow augments it mainly near to the obstruction of the tube. If fluid be driven in jets, the rapidity of dilatation decreases with the distance from the inlet. In the living arteries, the pulse everywhere commences simultaneously. Marey's view is therefore opposed to the idea of the gradual propagation of pulse waves. Blowing murmurs always arise when the arterial blood is suddenly relieved of tension, as after clearing a constriction. The intensity of the murmurs is as the difference of tension above and below the stricture. They occur wherever a wave of normal or excessive volume is driven into an arterial system of weak tension, as in chlorosis, typhus, and some phlegmasiæ. Where an aneurism suppresses the pulse, partially or entirely, it is because the capacious sac removes the disparity of tension produced by every fresh inflow, and not because it contains coagula. An aneurism at the commencement of the aorta may, therefore, without injury, abolish the pulse throughout the body.

Dr. J. Marey.—*Researches on the Form and Frequency of the Pulse by means of a New "Sphygmographion," or Apparatus for Registering the Pulsations.* Compt. Rend., 26th March, 1860, p. 634.

Dr. J. Marey.—*Researches on the State of the Circulation according to the Characters of the Pulse, Indicated by a New "Sphygmographion."* Journ. de la Phys., No 10, p. 241.

The apparatus invented by Dr. Marey is a modification of that used and described by Vierordt. It does not weigh more than about eight ounces, and is so small that it can be carried in the pocket. For the description of its construction we must refer our readers to the original paper in the 'Journal de la Phys.,' as without the woodcut no correct idea of the instrument can be given.

Dr. Packard (Philadelphia).—*Remarks on the state of the Capillary Bloodvessels in Inflammation.* Amer. Journ. Med. Scien., January, 1860, p. 62.

Packard observes, that the recognisable causes of inflammation are either stimuli, primarily increasing the functional activity of the part concerned, or depressing agents, inducing the same effect secondarily; but that the precise mode in which either influence is exerted, whether directly upon the tissues or indirectly through the nerves, is not yet known. In every case, however, there is a stage of exaltation of the "life-actions" of the part, and it appears to him that in it is to be found the true explanation of the distension of the capillary blood-vessels. If the inflammation continue, the over-stimulated tissues are unable to dispose of the blood they have acquired; the blood, therefore, stagnates, and blocks up the vessels; and, as the general circulation goes on, the fresh blood coming to the part must find a passage elsewhere. Hence ensues the overfilling of the vessels in the neighbouring parts. Should the stagnation be absolute, and should it last beyond a certain time, the tissues die from want of oxygen; the interception of their supply of nutriment may also take part in causing their death. Such, the author thinks, is probably the *rationale* of many cases in which an inflamed part becomes gangrenous. Stagnation does not always ensue in inflammation, although the current of blood may be very much slackened; in chronic inflammation, without suppuration, it is probable that this retardation is one of the chief constituents of the phenomena. Such a state of things might more properly, Packard considers, be termed permanent congestion. His views of the condition of the capillaries are nearly identical, as he himself remarks, with those Dr. Alison published many years ago, and he concludes by saying, in the language of Virchow, that they seem to him to present "the true combination of solidism and humoralism."

Dr. Hood.—*On the Conditions of the Blood in Mania.* Trans. Roy. Med. and Chir. Soc., p. 159. Lancet, and Medical Times and Gazette, 26th May.

Hood, with the assistance of Marcet, analysed the blood of six maniacal patients, during the paroxysm and in a state of convalescence, and the results led him to conclude that there is a deficiency of fibrin during the period of maniacal excitement, and a correction of the deficiency during convalescence. The six cases selected were three of "acute" and three of "recurrent mania."

Case 1.—*Acute Mania.*—W. G—, aged twenty-one, admitted into Bethlem Hospital in December, 1856, became maniacal one month before admission. Hereditary tendency traceable in both his father and his paternal grandfather. There was no apparent bodily disease. The patient was of spare habit and of an excitable temperament, and had not been subject to any medical treatment previous to his admission. Nourishing diet was prescribed, and the following sedative mixture: acetate of morphia, half a grain; tincture of hyoscyamus, one drachm; camphor mixture, eleven drachms—three times a day. At the end of a fortnight, the morphia was increased to one grain, three times a day. In September, 1857, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	777·39	Water	784·93
Red particles	149·74	Red particles	110.07
Fibrin	1.74	*Fibrin*	2.20
Albumen, &c	63.28	Albumen, &c.	90.63
Inorganic salts	7.85	Inorganic salts	8.00
Fatty matter	0.00	Fatty matter	4.17
	1000.00		1000.00

Case 2.—*Acute Mania.*—W. T. G—, a drum major in the Guards, admitted into Bethlem Hospital in March, 1857; was married, and had lived a temperate life. He was very excited, noisy, mischievous, and incessantly talking. Morphia and sedatives, with full diet, were prescribed. In March, 1858, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	791.64	Water	758.76
Red particles	125.48	Red particles	140.61
Fibrin	1.55	*Fibrin*	2.75
Albumen &c.	69.84	Albumen, &c.	87.28
Inorganic salts	8.98	Inorganic salts	8.82
Fatty matter	2.51	Fatty matter	1.78
	1000.00		1000·00

Case 3.—*Acute Mania.*—E. R—, married, and the mother of four children, was admitted into Bethlem Hospital in June, 1857, and discharged cured in May, 1858.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	806.71	Water	800.90
Red particles	104.68	Red particles	109.32
Fibrin	1.67	*Fibrin*	1.75
Albumen, &c.	76.53	Albumen, &c.	74.99
Inorganic salts	7.41	Inorganic salts	8.89
Fatty matter	3.00	Fatty matter	4.15
	1000.00		1000.00

Case 1.—*Recurrent Mania.*—E. J. G—, a single woman, was received into Bethlem Hospital in 1837, since which date she has been subject to repeated attacks of recurrent mania, the paroxysms lasting five weeks, and being followed by two weeks' tranquillity and apparent mental restoration.

Analysis of the Blood.

During maniacal excitement.		During the convalescent stage.	
Water	769.66	Water	811.68
Red particles	121.77	Red particles	126.01
Fibrin	1.58	*Fibrin*	2.88
Albumen, &c.	98.44	Albumen, &c.	47.54
Inorganic salts	8.55	Inorganic salts	9.31
Fatty matter	0.00	Fatty matter	2.58
	1000.00		1000·00

Case 2.—Recurrent Mania.—F. B— was admitted into Bethlem Hospital in the year 1838. The mental disease was cleary traceable to hereditary tendency. She suffered from alternations of mental excitement and tranquillity. The blood was taken in each of these states.

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	784.07	Water	765.73
Red particles	123.81	Red particles	139.05
Fibrin	0.06	*Fibrin*	2.46
Albumen, &c.	81.69	Albumen, &c.	81.75
Inorganic salts	8.62	Inorganic salts	8.09
Fatty matter	1.75	Fatty matter	2.92
	1000·00		1000.00

Case 3.—Recurrent Mania.—W. D— was admitted into Bethlem Hospital in June, 1841, at the age of twenty-nine, since which time he has been subject to continued attacks of recurrent mania; for a month or six weeks he will be found rational and conversible; but during the succeeding five weeks or more his entire mental condition appears to have undergone a revolution; irritability succeeds the natural amiability of his conduct, and he assumes the habits and bearing of a congenital idiot. The analysis of the blood was made at such periods as would best represent a fair specimen of each particular state:

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	773.86	Water	779.93
Red particles	135.56	Red particles	121.65
Fibrin	1.96	*Fibrin*	2.97
Albumen, &c.	79.22	Albumen, &c.	87.16
Inorganic salts	7.99	Inorganic salts	8.29
Fatty matter	1.41	Fatty matter	0.00
	1000.00		1000.00

Dr. W. ADDISON.—*On Certain Changes in the Form of the Red Corpuscles of the Blood, produced by Certain Fluids.* Brit. Med. Journ., 13th Oct., p. 798, and Nov., 24th, p. 910.

Addison relates some experiments made on freshly drawn blood, with solutions of common salt, sugar, &c., and concludes therefrom that, by an appropriate application of alkaline and acid fluids, we can cause the corpuscles of human blood to assume particular and definite shapes. And, further, that we may see them gradually changing from one form to another, and observe during the transition that the corpuscles regain, for a longer or shorter period (dependent on the strength of the reagents), their normal figure and adhesive properties. The author previously described ('Brit. Med. Journ.,' 11th June, 1859) the emission of moving tails or filaments, or molecular matter from red corpuscles, when under the influence of sherry wine. He now adds, that he finds that an acid reaction in the vinous fluid is an essential ingredient towards the production of this phenomenon.

A. Wurlitzer.—*On the Temperature of Arterial and Venous Blood; with some Experiments.* Greifswald, 8vo, 1858. Canst., vol. i, p. 23, 1860.

Wurlitzer conveyed a slender thermometer as deeply as possible down the carotid artery and jugular vein of a dog; the thermometer reached, in the first case, nearly to the aortic valves, and in the latter to the vena cava. The oft-repeated experiments vary so considerably that any general conclusion must be uncertain. The author, however, assumes, from his most reliable observations, that venous is warmer than arterial blood by 0.02°, to 0.05°, C. The researches were made under Budge's superintendence.

Prof. Hyrtl.—*Preliminary Communications respecting Non-Vascular Hearts.* Sitzungsberichte der Wiener Akademie, vol. xxxiii, p. 572. Canst., vol. i, p. 35.

This anatomist calls attention to the circumstance that the heart of the Urodela, Gymmophiona, and Batrachia, is completely destitute of vessels. The heart of the Saurians, Chelonians, and Ophidians, has but a very thin cortical layer supplied with vessels, whilst the deeper strata possess none. The cavernous structure of these hearts, by permitting the blood to penetrate deeply into the muscular substance, renders a special capillary system unnecessary. The heart of most osseous fishes resembles that of the scaly amphibia, whereas in the heart of the Ganoids and *Hexanchus griseus* all the layers are vascular. The heart of fishes being venous, venous blood must possess constituents capable of nourishing its muscular substance.

NERVOUS SYSTEM.

A. T. H. Waters.—*Observations on the Physiology and Pathology of the Nervous System.* pp. 37. The Retrospective Address delivered at the Meeting of the British Medical Association at Liverpool.

Brown-Séquard.—*Experimental Researches on the Medulla Oblongata.* Journ. de la Phys., No. 9, January, 1860, p. 151.

Brown-Séquard.—*On the Independence of the Vital Properties of the Motor Nerves.* Journ. de la Phys., No. 9, January, 1860, p. 160.

Dr. Levison.—*On some Phenomena of the Nervous Life of Animalcules.* Communicated to the Harveian Society. Lancet, 3d March, p. 221.

Richard Hughes.—*On the Generation of Nerve-force.* Brit. Med. Journ., 16th June, p. 456.

Dr. John Ashhurst (Philadelphia).—*On Nervous Action.* Amer. Med. Journ., July, 1860, p. 102.

B. Stilling.—*New Inquiries into the Structure of the Spinal Cord.* 5th part, Cassel, 1859, 4to. (Description of the methods; terminal filaments; scheme of the structure of the spinal cord; historical and critical. This is the last part of Stilling's great work.)

Schiff.—*On the Function of the Posterior Columns of the Spinal Cord.* Amtl. Ber. d. Vers. d. deutsch. Naturf. u. Aerzte, Carlsruhe, 1859, p. 198, 214.

Schiff.—*New Experiments on the Function of the Posterior Columns of the Spinal Cord.* Journ. Hebd., 1859, No. 16, p. 216.

Vulpian.—*Note on some Points of the Anatomy of the Medulla Oblongata and Pons Varolii in Man.* Gaz. Méd., No. 7, 1859, p. 112. (Anatomical details regarding the possibility of crucial paralysis.)

Budge.—*On the Genito-spinal Centre of the Sympathetic Nerve.* Virchow's Arch., vol. xv, p. 115.

Brown-Séquard.—*Remarks on a Note of Professor Budge relative to an Asserted Spinal Nervous Centre.* Journ. de Phys., vol. ii, 1859, p. 162.

A. C. Gerlach.—*The Mental Faculties of Animals, compared with those of Man.* Berlin, 1859, 8vo.

Vulpian.—*Experiments Relative to the Influence of the Spinal Cord on the Lymphatic Heart of the Batrachia.* Gaz. Méd., No. 2, p. 33.

Edward Weber.—*Contribution to the History of the Physiology of the Vagi.* Reichert's u. Du Bois' Arch., 1859, p. 292. Canst., vol. i, p. 92. (Question of priority regarding inhibition of the heart's movement.)

E. Pflüger.—*Reply to Heidenhain's Neuro-physiological Communication.* Allg. Med. Centralztg., 1859, No. 14, p. 105.

R. Heidenhain.—*Answer to Dr. Pflüger.* Ib., No. 16, p. 121.

H. Müller.—*On Innervation of the Smooth Muscles of the Eye by Fibres of the Sympathetic Nerve.* Verh. d. Phys. Med. Ges. in Würzburg, vol. x, part 1, p. 13.

C. Voit.—*On the Temperature of the Ear after Division of the Sympathetic, and on its Measurement.* Amtl. Ber. d. deutsch. Naturf. u. Aerzte, Carlsruhe 1859, 4to, p. 221.

J. N. Zengerle.—*The Influence of the Nervous System on Digestion, and Progressive and Retrograde Formation, and also on the Development of Animal Heat; treated in Accordance with the Present State of Science.* Freiburg, 1859, 8vo.

Gubler.—*On Recurrent Sensibility Regarded as a Phenomenon of Reflex Sensation.* Gaz. Méd., 1859, No. 40, p. 628. Journ. du Progrès, No 8, p. 215.

Dr. Michel (Charleston, S. C.).—*Pathology of the Pituitary Body.* Charl. Med. Journ. and Rev., March, 1860.

Bernard.—*On the Sensitive Properties of the Sympathetic Nerve, and on the Reflex Movements Produced by its Action.* La Clin. Europ., No. 29, p. 225.

E. Harless.—*Preliminary Communication Regarding the So-called Modes of Irritability.* Bayr. Aerztl. Intell. Blatt, 19 Feb., 1859, p. 85. Canst., vol. i, p. 101.

W. Wundt.—*On the Secondary Modification of Nerves.* Reichert's u. Du Bois' Arch., 1859, p. 537-48. Canst., vol. i, p. 101.

Brauell.—*Contributions to the Knowledge of the Course Pursued by the Vaso-motor Nerves of the Hind Leg in the Dog.* Gurlt's u. Hartwig's Mag. f. d. ges. Thier-heilk., vol. xxv, 1859, p. 292. Canst., vol. i, p. 109.

J. Lockhart Clark.—*Observations on the Structure of Nerve-Fibre.* Micros. Journ., Jan., 1860, p. 65.

Clark gives a review of Stilling's recent researches,[1] and says that the supposed elementary tubules, or fibres, described by Stilling, have no actual existence, the appearances from which they have been inferred resulting solely from corrugations, ridges, or folds, produced in the white substance by the action of chromic acid. The medullary sheath is semi-fluid, extremely extensible, but inelastic, and of a peculiarly viscid nature, so that when its continuity is interrupted, or whenever it is in any way disturbed, it has little or no tendency to return to its original position; and, like other semi-fluid and viscid substances, may be drawn into fibres, or into delicate expansions of extreme tenuity. A fold or ridge raised up from the white substance presents to the eye, looking down on its convex surface, the appearance of a fine tubule, bounded on each side by a single dark outline, but on close examination Clark found that there are no vacant spaces between the ridges, as there would be if they were really fibres or tubules, and that they are all connected together by intervening portions of the hardened and brittle, but extremely transparent, white substance.

With regard to the structure of the external or membranous sheath of the primitive nerve-fibre, there is some difference of opinion among anatomists. Clark believes that it consists of fibres of different shapes and sizes, some of which are so extremely delicate that, when in close apposition, they appear to be fused, as it were, into a homogeneous, finely granular, nucleated membrane. Some of the fibres are broad, flat, or riband-shaped, of a faint aspect, and spotted at intervals with exceedingly pale and delicate granules; they are joined together at their edges. Other fibres composing the sheath are of smaller diameter, but sometimes less delicate and branched; they proceed from the *ends* of their nuclei, which are also occasionally coarser and of darker outline.

W. Turner, M.B. (Lond.).—*Further Observations on the Structure of Nerve-Fibres.* Micros. Journ., July, p. 150.

In this communication the author states that in none of his preparations has he been able to see any of the "ramifications" of the axis cylinder into the medullary sheath, which have been so elaborately figured and described by Stilling. Turner believes that the structures described by Stilling under that name are nothing more than small, fibroid particles of the medullary sheath itself, and quite distinct structurally from the axis cylinder. If they were actual prolongations of the axis cylinder, they would, like it, receive the carmine colouring matter when the preparation is subjected to the process of imbibition, which, however, as far as the author has seen, never takes place. Turner also disagrees with the opinion expressed by Stilling regarding the different fibres being connected in a bundle by means of fine, elementary tubules passing between them. Each fibre in Turner's preparations possesses a distinct and well-marked, unbroken outline; the only intermediate material that he has been able to detect is an extremely delicate, wavy, connective tissue, which, although lying between the fibres, does not in any sense form a part of them.

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[1] Stilling states—(1) that the nerve-sheath consists of a thick network of the finest tubules or fibres, which cross each other in all directions. From this network fibres run both inwards and outwards, the latter becoming connected with the sheaths of the neighbouring nerve-fibres, while the former unite with the medullary sheath and axis cylinder. (2) That the medullary sheath also consists of a multitude of the finest fibres. And (3) that the axis cylinder consists of three layers, one within the other.

N. JACUBOWITSCH.—*Terminations of Nerves at the Periphery, and in the different Organs, or Peripheral Terminations of the Nervous System in general.* Compt. Rend., p. 859, 7th May, 1860.

If the mesentery of a cat, containing Pacinian bodies, be examined with a power of 180 or 200 diameters, after it has been kept twenty-four hours in Moleschott's solution (a mixture of alcohol and acetic acid),[1] the Pacinian bodies will be observed to consist of two capsules, an outer and an inner. The nerve itself usually divides before entering the Pacinian body into several branches, which retain their medullary substance and neurilemma until they have passed through the outer capsule; but on arriving at the inner, they are reduced to the axis cylinder, which passes onwards to the upper part, and there terminates in the nucleus of a well-defined cell.

If the tactile-corpuscles of the frog be examined in the same way, it will be found that their nerve-fibres also terminate in the nucleus of a cell. Hence there is a great analogy between the Pacinian bodies and tactile-corpuscles.

In the case of some nerves, the fibres terminate in cells, but not in the nuclei, while in others, they form a network of very fine nerve-fibres, the axis cylinders of which run into each other, and thereby form a nerve network.

Prof. BEALE.—*On the Distribution of Nerves to the Elementary Fibres of Striped Muscle.* Proc. Roy. Soc., No. 40, p. 519.

Beale's paper concludes with the following summary of the most important facts elucidated in the inquiry:

1. That nerve-fibres in muscle and in many other tissues, if not in all, may be traced into, and are directly continuous with, a network formed of oval nuclei and intermediate fibres.

2. That the organs by which nerves are brought into relation with other textures, and the agents concerned in the development of nerves and the formation of new fibres, are the little oval bodies or nuclei which are present in considerable number in the terminal ramifications of all nerves. A great number of these bodies is associated with exalted nervous action, while, when they are sparingly found, we may infer that the nervous phenomena are only imperfectly manifested.

3. That every elementary fibre of striped muscle is abundantly supplied with nerves, and that the fibres of some muscles receive a much larger supply than others.

4. That the nerves lie, with the capillaries, external to, but in close contact with, the sarcolemma. They often cross the muscular fibre at right angles, so that one nerve fibre may influence a great number of elementary muscular fibres. There is no evidence of their penetrating into the interior of the fibre.

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[1] See Report on "Vascular System," p. 27.

Dr. WILHELM MANZ.—*The Ganglions, and Nerves of the Intestines.* Ber. d. naturf. Ges. zu Freiburg, Br. ii, I, 1859. Schmidt, vol. 107, p. 158.

The researches were chiefly made on pig's intestine. 1. The ganglions are tolerably numerous; but irregularly distributed in the nervous layer. 2. They have each an enclosing membrane, and consist of packets of from two to six cells. 3. The membrane appears to be, however, merely a prolongation of the neurilemma of the nerve to which the ganglion is attached; this may, perhaps, be better understood if we describe the ganglion as being simply a collection of cells within the nerve-sheath. 4. The size of the ganglion depends more on the size of the nerve on which it is situated than upon the actual number of cells of which it is composed, for the number of the cells varies but little. 5. The size, too, of the cells is nearly the same in all the ganglions of the same intestine. 6. The largest cells are generally those in the centre of the little heap. 7. Each cell is circular in shape, and possesses fine, granular contents, and a well-defined nucleus, with a nucleolus in its interior.

8. In the intestine of the ox, the ganglia are, in general, smaller than in that of the pig. 9. The individual cells composing them, on the other hand, are larger. 10. In the sheep, the ganglia, as well as the cells, are similar in size to those found in the pig. 11. The intestine of the rabbit has very large ganglia, but very small cells. 12. In man, the ganglia are exceedingly small; they seldom consist of more than ten or twelve cells; have distinct nuclei, but scarcely any nucleoli. 13. In the intestine of the child, ganglia are also to be found, but neither nuclei nor ganglion-cells, with distinct cell-walls, are to be detected in them. They seem to be composed merely of fine, dark granules, collected together in little groups, which are of about half the size of the ganglion-cells met with in the human adult.

A. GUBLER.—*On the Dark Coloration of the Nerve-centres in the White Races of Mankind.* Journ. de la Phys., No. 9, p. 157, January, 1860.

In 1848, Rayer called attention to the fact that the brains of negroes are darker than those of whites. Gubler now calls attention to a somewhat analogous fact, namely, that individuals among the white races, with dark eyes, black hair, and swarthy complexions, have a considerable amount of pigment deposited in their nerve-centres, while in fair people little or none is to be detected. In fact, that the deposit of colouring matter in the nerve-substance is in direct proportion to the amount of pigment distributed in other parts of the body.

Prof. O. FUNKE.—*On the Chemical Reaction of Nerve-substance.* Archiv f. Anat. u. Phys., 1859, p. 835.

(1) The fresh spinal cord of animals (frogs and rabbits) poisoned with woorara has a neutral reaction. (2) The reaction of the gray nerve-substance appears to be the same as that of the white. (3) Some hours after death in the rabbit—from eighteen to twenty—the nerve-substance has an acid reaction, which continues until putrefaction sets in, when it gradually becomes again neutral, and at last alkaline. (4) If fresh nerve-substance (spinal cord of a rabbit) be kept in water at a temperature of 45°—50° C. during five or ten minutes, it becomes at once acid; this change is even more observable if the water be at a boiling temperature. Funke concludes

therefrom that, as an alkali is set free when albumen coagulates, so an acid is liberated when nerve-substance passes into the same state. (5) In animals poisoned with strychnine, the fresh nerve-substance is not neutral, but *acid.* (6) The continued stimulation of a frog's nerve by galvanism in like manner causes the nerve-substance to yield an acid reaction. It appears, therefore, that nervous action is accompanied by, or associated with, the liberation of a free acid.

BUDGE.—*On the Different Degrees of Sensibility in one and the same Nerve.* Virchow's Archiv., vol. xviii, p. 457. Schmidt, vol. 108, p. 15.

If the sciatic nerve of a frog be exposed throughout its course, from the vertebral canal down to its attachments with the muscles, and a stimulus applied to different portions, it will be found that the sensibility of the nerve is least at its lower, greatest at its upper part. In fact, that the sensibility diminishes in proportion to the distance of the nerve-centre; and therefore that a stimulus capable of exciting muscular contraction when applied to the nerve close to its attachment to the spinal cord, may fail to produce any movements when applied in the neighbourhood of the muscles themselves. This result is the reverse of what is obtained from a dying nerve. In it, the sensibility increases as we proceed from the centre to the circumference; so that a stimulus too weak to excite any muscular contraction when applied to the upper, may still induce it when applied to the lower portion of the nerve. Budge further states, that in a perfectly healthy and fresh nerve there are certain points which are much more sensitive than others, and consequently form exceptions to the above-named law.

BROWN-SÉQUARD.—*Experimental Researches on various Questions concerning Sensibility.* Proc. Roy. Soc., No. 40, p. 510.

Brown-Séquard applied two ligatures to the femoral artery, and after having divided the vessel between the ligatures, amputated the thigh completely, excepting, however, the two large nerves of the limb, which were left as free from injury as possible. The results obtained were,—1st. That the duration of sensibility in the toes, in rabbits, varies between twenty and twenty-three minutes. 2d. That, in guinea-pigs, the duration varies between forty and fifty minutes. In one case the sensibility lasted a little more than an hour. 3d. That, in dogs, the duration of sensibility varies between thirty and thirty-five minutes.

The second question examined by the author is the influence of temperature on the duration of sensibility in parts deprived of the circulation of the blood. Amputated limbs of guinea-pigs were dipped into water at various temperatures, and the results were as follows:

1st. Water at 104°, Fahr., duration of sensibility, in average, forty-one minutes.

2d. Water at 80° Fahr., duration of sensibility, forty-nine minutes.

3d. Water at 50° Fahr., duration of sensibility, fifty-three minutes.

4th. Water at 35° Fahr., duration of sensibility, fifty-eight minutes.

These results show that the lower the temperature, the longer sensibility persists in parts deprived of circulation.

The third question discussed is whether an augmentation in the vital properties of the spinal cord is able to influence the duration of sensibility of a limb deprived of the circulation of the blood. In one series of experiments the posterior columns of the spinal cord were divided, and then a hind limb cut away, except that the nerves were left entire. In the other series the spinal cord was divided after the limb was amputated. In both series the sensibility lasted longer than in animals in which the posterior columns were not divided. For instance, in rabbits, instead of twenty or twenty-two minutes, the sensibility lasted thirty or thirty-five.

In a rabbit in which the spinal cord was in a normal condition, and in which the toes, after the partial amputation of the limb, were losing the last appearance of sensibility, he observed a notable return of this vital property take place on dividing the posterior columns of the spinal cord in the dorsal region. This shows that when sensibility seems to be lost in a part deprived of circulation, it is not completely so.

Arthur E. Durham.—*The Physiology of Sleep.* Guy's Hosp. Reports, vol. vi, p. 149.

From an experimental inquiry into the physiology of sleep, the author deduces the following conclusions:

1. Pressure of distended veins upon the brain is not the cause of sleep, for during sleep the veins are *not* distended; and when they are, symptoms and appearances arise which differ from those which characterise sleep.

2. During sleep the brain is in a comparatively bloodless condition; and the blood in the encephalic vessels is not only diminished in quantity, but moves with diminished rapidity.

3. The condition of the cerebral circulation during sleep is, from physical causes, that which is the most favorable to the nutrition of the brain tissue; and, on the other hand, the condition which prevails during waking is associated with mental activity, because it is that which is most favorable to oxidation of the brain substance, and to various changes in its chemical constitution.

4. The blood which is derived from the brain during sleep is distributed to the alimentary and excretory organs.

5. Whatever increases the activity of the cerebral circulation tends to preserve wakefulness; and whatever decreases the activity of the cerebral circulation, and at the same time is not inconsistent with the general health of the body, tends to induce and favour sleep. Such circumstances may act primarily through the nervous or through the vascular system. Among those which act through the nervous system may be instanced the presence or absence of impressions upon the senses, and the presence or absence of exciting ideas. Among those which act through the vascular system, may be mentioned unnaturally or naturally increased or decreased force or frequency of the heart's action.

6. A probable explanation of the reason why quiescence of the brain normally follows its activity is suggested by the recognised analogical fact, that the products of chemical action interfere with the continuance of the action by which they are produced. *

Prof. A. Kussmaul.—*Researches on the Mental Condition of the New-born Child.* pp. 40. Heidelberg, 1859. Schmidt, vol. 107, p. 278.

Kussmaul made a series of experiments with the view of ascertaining the effect of external impressions on the new-born infant. They were—

1. *On the sense of taste, and feeling of nausea.* The experiments were made by means of solutions of sugar and quinine (of the latter

twenty grains to the ounce of water). These solutions induced the same facial movements in the infant, and even in the premature infant of the seventh month, as in the adult. From this the author concludes that the sense of taste exists in a perfect state at the moment of birth; but he, of course, at the same time allows that it afterwards becomes modified by experience. The feeling of nausea, which, according to Stich, is a muscular sensation, is also well developed in the infant.

2. *Feeling.* The lips are acutely sensitive, the slightest touch inducing sucking movements. The mucous membrane of the nose[1] and of the tongue is equally sensitive to external impressions. In the palm of the hand and sole of the foot, and, indeed, in the external surface of the body in general, the sense of feeling is fully developed. New-born children are exceedingly sensible to the effects of heat and cold.

3. *Smelling.* From experiments made on sleeping children, the author is convinced that even those born at the eighth month possess this sense in an uncomfortably high degree. It soon, however, becomes blunted.

4. *Seeing.* Even within the first hour after birth the pupil is sensible to light.

5. *Hearing.* Of all the senses this is the least developed in the new-born child. Even for several days after birth, children pay little or no attention to noises.

As regards the feeling of pain, Kussmaul remarks that, in all probability, the cries of the new-born child arise from the painful sensation of cold. Dazzling light, loud noises, disagreeable tastes, and bad smells do not cause it to cry. Hunger and thirst are felt, he says, by children a few hours after birth; and the want of air is experienced as soon as their connection with the mother's circulation is severed.

Has a new-born babe intelligence? This is a question that our author has tried to solve, and the results of his experiments have led him to conclude, that not only at the time of birth, but even while still in the mother's womb, the child possesses a perfectly developed sensorium and a complete motory apparatus, the uses of which it has begun to learn before its expulsion from the uterus. Man, he thinks, is born with a knowledge, although imperfect, of the external world, recognises space, localizes feeling, and regulates his movements accordingly. The perfecting of his intelligence, however, depends on his powers of seeing, hearing, tasting, smelling, and feeling, as well as on the circumstances and conditions with which he is in future surrounded.

BUDGE.—*On the Functions of the Cœliac and Mesenteric Plexuses.* Nova Acta Acad. Cæs. Leop.-Car. Nat. Cur., xix, p. 257, 1860.

In this communication the author details the results of his experiments on the effects of extirpation of the ganglia in rabbits. The animals usually died within twenty-four hours; one or two, however, lived three days. The effects observed are softening of the fæcal pellets; so much so, that none of the ordinary rounded masses are to be found in the rectum. The fæces are perfectly pulpy; and, within a very hours after the operation, are covered over with a slimy mucus. The secretion of mucus occurs, even in the absence of fæces, to a very great extent. Budge thinks that the movements of the great intestine are much accelerated after the removal of the ganglia, and that the blood-vessels are enlarged, as is the case with those of the head after section of the cervical sympathetic. It would seem as if the vessels even allowed the blood to transude through their walls; for it occasionally happens that the tenacious slimy mucus is deeply tinged with blood.

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[1] In the premature infant the mucous membrane of the nose is very slightly sensitive.

In two cases Budge found an enlargement of the liver follow upon extirpation of the ganglia. The operation is accompanied with a considerable amount of pain; but if the splanchnic nerves are previously divided, the animals do not seem to be at all conscious of any suffering.

A. MOREAU. (1) *Researches on the Sensory and Motor Roots of Nerves in Birds.* Gaz. Méd., 1859., No. 41, p. 646.

(2) *Experiments on the Sensory, Motor, and Pneumo-gastric Nerves of Fishes.* Ib., Nr. 40, p. 582.

In birds aud fishes the posterior roots are sensitive, and the anterior are motor. On galvanizing the vagus nerve of the dog-fish, no movements of the part it supplies are exeited, though sensory phenomena and reflex movements ensue.

C. H. BOSSE.—*On the Influence of the Spinal Ganglions on the Nutrition of the Posterior Roots of the Spinal Nerves.* Dorpat, 1859. 8vo. Canst., vol. i, p. 106.

In frogs it is found that after division of the posterior roots of the spinal nerves, the part connected with the ganglion is later in undergoing degeneration than the proximal fragment. With the anterior roots it is the reverse. The degeneration commences with the coagulation of the nerve pulp; it next proceeds to fatty transformation, then to absorption of the fat, and finally to conversion of the nerve-tube into connective tissue. The author believes the ganglionic corpuscles to be the media through which the nutrition of the nerve is effected.

PHILIPEAUX and VULPIAN.—*Experimental Researches on the Generation of Nerves Separated from the Nervous Centres.* Compt. Rend., Sept. 1860, p. 363.

When a nerve is divided transversely, it is believed that the peripheral portion of the nerve undergoes an important structural change, and loses its functions. All physiologists admit that the structural change, as well as the loss of function, is permanent, unless union takes place between the divided ends of the nerve. Philipeaux and Vulpian state that this opinion must be completely modified, as they have found by experiment that the peripheral portion of a nerve, separated from the central portion of the same nerve by section or by excision, can, after being completely changed, recover more or less perfectly its physiological properties and normal structure, without a previous union taking place between the two ends. This fact, the authors believe, is of great importance; for it proves—

1. That the maintaining of the normal structure of the nerve is not so dependent upon its connection with the nerve-centres as was thought, since it can be shown that a degenerated nerve can re-obtain its normal characters and functions after it has been completely severed from the nervous centre.

2. That the power of exciting muscular movements, and giving rise to sensation, is not totally dependent on the central nervous system, for these

properties (especially the former) are re-acquired by a nerve, in which they have been abolished, as soon as it regains its normal anatomical structure.

HEURTELOUP.—*On Nervous Syncope, its Significant Causes, and Nervous Derangements: to assist in elucidating the so-called Urethral Fever.* Compt. Rend., 19th March, 1860, p. 579.

Heurteloup employs the term nervous syncope in order to distinguish a peculiar kind of fainting from the one usually supposed to arise from cessation of the heart's action. In some persons, the nervous syncope which he alludes to arises without any apparent cause; in others it is induced by a discordant sound, a disagreeable odour, a flash of light, or a sudden touch. It may also be induced by the sight of a mouse or spider, and in some constitutions even the mere recollection of passed emotions, or the thought of some future suffering, is sufficient for its production. Lastly, it may arise under the influence of a lesion or physical modification, such, for example, as too great heat, want of food, extreme titillation, the touching of a sensitive organ, the squeezing of a nerve, &c. Among the latter series of causes, Heurteloup especially signalizes the touching of the interior of the urethra.

Prof. POELMAN.—*Note on the Diagnosis of Apoplexies.* Compt. Rend., Nov., 1860, p. 747.

In a letter addressed to Flourens, Poelman remarks, that during several months he watched a little dog, in the house of one of his patients, which manifested very unusual symptoms. Its intelligence was perfect, there was no paralysis, yet the animal could not regulate its movements. Several times during the course of the day it was seized with an involuntary fit of turning round, always in the same direction; the fit lasting upwards of a quarter of an hour. After death, a considerable number of calcareous concretions were discovered in the middle peduncles of the cerebellum, while the greater part of the cerebellum itself appeared as if petrified. In the pons varolii were also a few calcareous granulations. The author adds:

1. The lesion of the cerebellum, almost entirely petrified, accounts for the irregular movements.

2. The diseased middle peduncles of the cerebellum and pons varolii, account for the involuntary circular movements.

To this the author further adds, that the brain is essentially composed of three distinct parts:—1, brain proper—seat of the intelligence; 2, cerebellum—seat of the principle which regulates the movements; 3, medulla oblongata, or more properly the vital point—seat of the principle regulating the vital functions. Loss of intelligence marks cerebral apoplexy; disordered movements, hæmorrhage into the cerebellum; sudden death, extravasation in the medulla oblongata—vital point.

BROWN-SÉQUARD.—*Researches on the Physiology and Pathology of the Pons Varolii.* Journ. de la Phys., vol. ii, p. 121.

The restiform bodies and their prolongations are not, as they are supposed to be, the conductors of sensitive impressions. The hyperæsthesia occurring on the side corresponding to unilateral injuries of the cord passes to the opposite side when the gray central substance of the medulla or pons is affected. The central portion of the pons seems especially to conduct sensations, and the anterior the mandates of the will.

BROWN-SÉQUARD.—*On the Velocity of the Nervous Current.* Journ. du Progrès, 1859, p. 323.

The author assumes that conduction takes place more slowly in the spinal cord than in the nerves, because electric irritation applied to the extremity of the foot is proportionally longer in being perceived by the person experimented upon than when applied to the skin of the arms or neck.

H. FRIEDBERG.—*On the Innervation of the Nose formed by Transplantation.* Virchow's Arch., vol. xvi, p. 1. Canst., vol. i, p. 111.

1. In the three cases examined, impressions made upon the new organ were referred to the forehead. 2. The lower part of the nose was insensible, or nearly so, in all cases. 3. In a week or two impressions were referred to the right spot. 4. The frontal cicatrix was the last part that became sensible. 5. The author does not regard the reference of sensation to the forehead as the mere result of custom. 6. When the raw surfaces unite completely, nerves may grow from the neighbouring parts into the new nose. 7. At the bridge the old and new nerves will meet together, and hence impressions made in that locality will sometimes be referred to the forehead, and at other times to the nose.

DUMÉNIL.—*Atrophy of the Hypoglossal, Facial, and Spinal Nerves.* Gaz. Hebd., 1859, No. 25, p. 390.

In a man of fifty-three, suffering from incomplete motor paralysis of the left arm, there co-existed complete paralysis of the tongue, attended with inability to swallow solid food, and imperfect paralysis of the muscles of the face. The patient having been accidentally killed, both hypoglossi were examined, and found to be highly atrophied and gray in colour. The terminal branches in the muscles of the tongue contrasted strikingly with the ramifications of the trifacial and glosso-pharyngeal nerves. There was a somewhat similar condition of the peripheric branches of the facial nerve and the anterior roots of the spinal nerves, especially on the left side. The muscles supplied by the latter were very pale, and far advanced in fatty degeneration. This was not the case with the muscles of the tongue and face.

J. ROSENTHAL.—*On the Influence of High Degrees of Temperature on Motor Nerves.* Reprint. Canst., vol. i, p. 97.

This inquirer finds that the motor nerves of the frog become insensible at about 158° Fah. (70° C.) At 140° Fah. (60° C.) excitability continues four or five seconds, at 122° Fah. (50° C.) sixteen seconds, and at 104° Fah. (40° C.) more than ten minutes. A nerve heated to 104°—113° Fah. (40°—45° C.) produces tetanus of twenty seconds' duration. This does not occur between 113° and 158° Fah. (45°—70° C.). A nerve paralyzed by a heat of 113°—122° Fah. may regain its powers at a lower temperature, and this process may be repeated more than fifteen times.

E. HARLESS.—*Muscular Spasms occurring during the Desiccation of Nerves.* Henle's u. Pfeufer's Zeitschr., vol. vii, 1859, p. 219. Canst., vol. i, p. 94.

The author's observations extended to the effects of air (calm and in motion, warm and cold), sulphuric acid, ammonia, &c., in desiccating the nerves. When the desiccation has proceeded to a certain extent, muscular spasms occur very readily from gently touching, pulling, electrifying, or chilling the nerve. At an earlier stage, elevation of temperature provokes the spasms at once. Several facts show that the intensity of the muscular twitchings by no means increases in proportion to the rapidity of evaporation from the nerve. The spasms may be absent under circumstances favorable to evaporation; they may also occur when the nerve, after losing much moisture, is exposed to a more humid or to a cooler atmosphere.

E. Harless. — *Molecular Processes in Nerve-Substance.* 2d part, Munich, 4to. Canst., vol. i, p. 91.

From multifarious experiments it appears that the cohesion and elasticity of the nerves suffer no perceptible change during the period of their activity. Even if a considerable quantity of medullary substance be expressed, or if a portion of the salts be dissolved out, nervous action is not destroyed. The probability therefore is, that the vital phenomena of nerves are determined by the transformation of their albuminous constituents.

The author concludes from other experiments that nerves manifesting high irritability in common air lose it by contact with ozone; but if the irritability has already been on the decline in the atmosphere, first regain and then rapidly lose their power. Nerves enfeebled by ozone may, when restored to atmospheric air, attain a higher degree of vigour than they originally possessed. Ozone tends gradually to induce contractions with the completion and interruption of the ascending current, and finally with its interruption alone. Here, too, a return to atmospheric air may restore the original state.

E. Pflüger.—*Experimental Contribution to the Theory of the Inhibitory Nerves.* Reichert's u. Du Bois's Archiv, 1859, p. 13. Canst., vol. i, p. 108.

J. M. Schiff.—*Contributions to the Physiology of the so-called Inhibitory Nerves. A Reply to Dr. E. Pflüger, of Berlin.* Moleschott's Untersuchungen, vol. vii, p. 201. Canst., ib.

Pflüger believes that inhibition constitutes the chief function of the pneumogastric and splanchnic nerves, and that this idea is further supported by the fact, that division of these nerves is followed by an increase in the number of the pulsations of the heart. Schiff, on the other hand, is opposed to this view, and asserts that, when these nerves are galvanized, the effect obtained on the heart entirely depends on the strength of the electric current, a feeble current augmenting, a strong current diminishing the heart's movements. Pflüger again denies that the feeble current ever augments the number of pulsations; galvanism, he says, invariably reduces them. In reply, Schiff cites an experiment, the result of which is unfavorable to the assumed inhibitory action of the vagi. If, he says, the spinal accessory nerves of a cat or goat be pulled completely out by the roots, the frequency of the pulse continues unchanged (4—12 days). The portion of the nerve which is united with the vagus having degenerated within that period, stimulation of the vagi with a moderate or pretty strong induction current does not cause cessation of the heart's action. Division of the vagi, however, even now increases the frequency of the pulse; the increase in the number of the pulsations, therefore, depends on the vagus, and not on the accessory nerve, whilst the arrest of the heart's action depends on the accessory, and not on the vagus. In opposition to Pflüger's assertion, that feeble irritation does not increase the frequency of the pulse, Schiff remarks, that the amount of irritation leading to augmented frequency is so limited that it easily escapes detection, a view which he supports by a considerable number of tabulated observations. Further, the frequency of the pulse, he says, may be increased by mechanical or chemical irritation of the vagus, or of the medulla oblongata.

Stimulation by galvanism of the splanchnic nerves increases the peristaltic action of the intestines, as well as causes its cessation. And if the splanchnic nerves were the inhibitory nerves of the intestines, their section would be followed by increased vermicular movement. Schiff states, however, that he kept rats in perfect health for several weeks after he had destroyed the spinal roots of the splanchnic nerves, without observing any increase in the movements of the intestines.

MATTEUCCI.—*Results of Researches on the Electric Function of the Torpedo.* Proc. Roy. Soc., No. 40, p. 576.

It has hitherto been believed that the action of the electric organ of the torpedo is momentary only; that it becomes charged under the influence of nervous action, and discharged immediately that action ceases, somewhat like soft iron under the influence of an electric current. Such, however, Matteucci thinks, is not the real state of the case. The electric organ is always charged. It may be shown by experiment that the action of that organ never ceases, and that round the body of the torpedo, and probably of every other electric fish, there is a continual circulation of electricity in the liquid medium in which the animal is immersed. In fact, when the electric organ, or even a fragment of it, is removed from the living fish, and placed between the ends of a galvanometer, the needle remains deflected at a constant angle for twenty or thirty hours, or even longer.

The electric organ, or a portion of it, detached from the fish and kept at the temperature of freezing, preserves its electro-motive properties for four, six, or even eight days; and an organ which has been kept for twenty-four hours in a vessel surrounded with a frigorific mixture of ice and salt, is found to possess an electro-motive power as great as that of the organ recently detached from the living fish. The electric organ thus retains its functional activity long after both muscular and nervous excitability have been extinguished.

It would thus seem that the electric apparatus becomes charged and acts independently of the influence of the nerves; but that influence, renews and renders persistent the activity of the apparatus. We know that a discharge may be brought about by the action of the will in the living animal, or by the excitation of the nerves of the organ. Matteucci says, that the organ does not, under the influence of the nerves, act as an induction apparatus, the operation being more analogous to that of a "secondary pile," created, through the influence of the nerves, in each constituent cell of the organ.

The nervous excitation which causes muscular contraction, the author adds, develops heat, generates mechanical force, and consumes chemical affinity; and as the electro-motive apparatus of the muscle operates through means of that affinity, it must get weakened, like a pile in which the acid has become weaker. In the torpedo, on the other hand, there is neither heat nor mechanical force produced, and the electro-motive apparatus is set up again, as it were, through the influence of the nerves, after the manner of a secondary pile.

MATTEUCCI.—*On the Electro-motive Power of the Electric Organ of the Torpedo.* Compt. Rend., vol. l, p. 918, 21st May, 1860. *New Experiments on the same.* Compt. Rend., August, vol. li, p. 193.

In the first communication with the above title Matteucci establishes the three following propositions:

1. The electro-motive power of the organ of the torpedo, such as it has been defined, exists independently of the immediate action of the nervous system. He adds, that the electro-motive power of the organ is as great in animals killed with woorara as in those that have died without poison.

2. The electro-motive power of the organ is notably increased, and this increase persists for a certain period when the nerves of the organ have been excited several times in succession, so as to obtain a certain number of successive discharges.

3. The electro-motive power of the organ is independent of the nature of the gas in which it has been left during twenty or thirty hours.

In the second communication, Matteucci says that he has repeated his experiments relative to the second proposition, and that few electrical experiments can be more readily made with such uniform results. He adds that the nerves act in two different ways on the electric organ—(1) there is a nervous action which induces the secretion of the matters which form the electrical apparatus, and keeps it constantly charged; (2) there are nerves which exert their influence in producing the instantaneous discharge of the electricity.

REMAK.—*Centripetal Action of the Constant Galvanic Current on the Nerves of Man.* Compt. Rend., August, 1860, p. 327.

In applying a constant galvanic current to one of the lower limbs, in cases of hemiplegia, paraplegia, catalepsy, and other affections of the nerve-centres, Remak obtained visible effects in the opposite limb. As some may doubt that the movements in the opposite limb were due to the centripetal action of the galvanism on the nerve-centre, and may suppose that the electrical current had passed directly through the tissues from one limb to another, the author cites the following experiments.

In 1858, a strong galvanic current was applied to the sciatic nerve of a man, aged 45, who during twelve years had suffered from incomplete paraplegia of the lower extremities, arising apparently from progressive atrophy of the spinal cord; little or no contraction was obtained in the limb whose nerve was being acted upon, whereas instantaneous and violent contractions in the opposite limb were observed.

In 1859, the author made a similar experiment on a woman, aged 48, who, ten years before, was struck with complete paraplegia of the lower extremities, and incomplete paraplegia of the back and upper limbs.

Two years previous to the onset of the paraplegia, this patient had shown symptoms of progressive atrophy of the spinal cord. When galvanism was applied to one of the sciatics of this woman, powerful contractions of the muscles supplied by the corresponding nerve in the opposite limb were obtained. Occasionally the muscles of the limb to which the galvanism was applied contracted, in which case, however, it was found that even here the contractions were not due to a direct, but to a reflex, nervous action.

The most remarkable fact observed was that, after a time, the patient began to have power over the muscles which contracted in consequence of the reflex stimulus. She so far, indeed, regained the partial use of her limbs that she was able to sit in a chair unsupported ; and, curiously enough, as the power of the will increased, the reflex action on the application of galvanism diminished.

In No. 10, at p. 439, of the 'Journ. de la Phys.,' will be found a letter from Remak, on the "Action of the Constant Galvanic Current," and at p. 440 some additional remarks by Chauveau on the same subject.

Martin-Magron and Em. Fernet.—*On the Influence which Polarization, in the action of Electricity, may exert on the Nervous System.* Compt. Rend., p. 592, 19th March, 1860.

The above-named observers found :

1. That the effects of a galvanic current traversing a nerve during a certain period of time in the same direction, apparently become rapidly diminished in intensity.

2. That an electrical current made to pass through the same nerve in an opposite direction to the first current apparently gradually increases in intensity, especially at first.

3. The repeated passage of a current in an opposite direction appears to restore to the first current its power; but the passing of the electricity during a few minutes in the direction of the first current again causes a diminution in the intensity.

From these results Magron and Fernet conclude—(1) that a current of electricity, even extremely feeble, is able to produce a resistance to the passage of a relatively stronger current, in traversing nerve-tissue; (2) that the feeble current induces a state of polarization in the tissue, which produces a current in an opposite direction to that proceeding from the battery. Hence the *secondary* current appears to diminish the action of the current from the battery on the galvanometer if the latter current be passed always in the same direction. While, on the other hand, the *secondary* current increases the intensity of that from the battery, when the direction of the latter is changed.

It has frequently been observed that muscular contractions are always most violent at the moment the direction of the continued current through a nerve is changed, and it has been supposed that this arises from the nerve becoming fatigued, and consequently less impressionable to the current in one direction, while, on the other hand, it becomes more sensitive to the action of the current proceeding in the opposite direction. Martin-Magron and Fernet believe that these results are entirely due to the state of polarization above described.

A. Chauveau.—*Theory of the Physiological Effects produced by Electricity on the Animal Organism, both in the form of the Instantaneous and of the Continued Current.* Journ. de la Phys., April and July, 1860, pp. 274, 458, and 534.

Chauveau's memoir, which extends over nearly eighty pages, is of an entirely original character, and places the theory of animal electricity on a new basis. To attempt, however, giving an abstract would be futile, as, without the woodcuts with which the paper is profusely illustrated, no intelligible notion of the author's views can be given.

J. Rosenthal.—*On the so-called Vallian Law.* Allg. Med. Centralztg., No. 16, p. 126. Canst., vol. i, p. 101.

The author concludes, from his investigations, that instantly after death irritability increases considerably throughout the nerve, whether the nerve be connected with the cord or not, and that afterwards the irritability gradually diminishes, until, at length, it entirely disappears. The rise and fall take place with some slight differences at different parts of the nerve; but the period within which they occur becomes regularly shorter as the muscle is receded from. Division of the nerve materially accelerates the phenomena.

J. Rosenthal.—*On the Specific Energies of the Nerves.* Berlin, 1859, 8vo. Canst., vol. i, p. 91.

The writer defends the theory of the specific energies of the nerves of sense, and relates an experiment to prove the existence of subjective sensation of taste from galvanic excitation without the interference of electrolytic action. He conducted the current from a Daniel's battery through zinc electrodes into vessels filled with a solution of sulphate of zinc, one of which was connected, by means of a pipe containing fluid, with a solution of common salt, into which the observer's hand was plunged. The other was similarly connected with a glass of distilled water, out of which a bundle of filter paper projected. The tongue, applied to the paper, was sensible of an acid taste when the stream entered, and a feebly alkaline taste as it issued from the paper. Blue test-paper suffered no change.

A. v. Bezold.—*Contributions to the Physiology of Electrotone. Preliminary Communication.* Allg. med. Centralztg., 1859, p. 25. Canst., vol. i, p. 100.

With the aid of the myographion, it was ascertained that, if the sciatic nerve of the frog be traversed by an ascending or descending continuous electric current, and the portion of the nerve either above or below the poles of the battery be irritated by an "interruptive shock," a longer period elapses ere the gastrocnemius contracts than when the nerve is not polarized. When the constant current has been some time in operation, the duration of the contraction is also increased. Both of the effects now described increase with the duration and intensity of the polarizing current, and with the extent of nerve through which it passes. These facts show that the electrotonic state of the nerve retards the transmission of stimuli through it.

E. Pflüger.—*Researches on the Physiology of Electrotone.* Berlin, 1859, 8vo. Canst., vol. i, p. 97.

In this work the author gives a detailed account of his researches into the effects of *continuous currents* on nerves, and of his inquiries in other kindred subjects.

Electric irritation acts with an energy proportional to the distance from the muscle at which the nerve is excited. This law holds good with regard to chemical irritants also. A solution of common salt, which has no effect when applied low down on the nerve, induces tetanic spasms in the muscles when applied higher up. It frequently happens that the portions of the sacral plexus which are nearer the sections are less susceptible than those which are more remote from them. This phenomenon is connected, Pflüger thinks, with the known course in which the nerve loses vitality, *i.e.* from the centre towards the cirumference.

If a direct continuous current be transmitted through a certain extent of nerve, it may be demonstrated that the irritability of that portion of the nerve which lies in front of the portion through which the current passes is considerably increased; such an increase occurs even when the electric current falls vertically on the nerve.

As the excitability of a nerve is differently modified on the two sides of the spot at which the continuous current is applied, the author designates the condition which exists at the negative electrode "*catelectrotone*," and that which appears at the positive electrode "*anelectrotone*." If the electrotonic alteration be propagated downwards from the part traversed by the current towards the muscle, it is called descending, and when in the opposite direction, ascending. The author names that condition which is found between the poles of the continuous current *intra-polar* electrotone, and that which is met with beyond these limits *extra-polar* electrotone.

The muscular contractions following upon the stimulation of the portion of the nerve which is catelectrotonized in an ascending direction, are the more intense the nearer the part of the nerve stimulated is to the intra-polar region. The exaltation of susceptibility rapidly diminishes as we recede from the negative electrode, and it at last entirely disappears.

If the intensity of the polarizing ascending current be more and more increased, the contractions determined by the irritation of the extra-polar catelectrotonized spot rise to a certain maximum, but by a still further intensification of the current the contractions begin to diminish. This peculiar effect of very strong currents probably depends on incapacity of the intra-polar tract any longer to transmit the stimulus to the muscles.

E. Pflüger. — *On the Cause of Tetanus produced by Interruption of the Electric Current. A Contribution to our knowledge of the Law of Muscular Contraction.* Reichert's u. Du Bois's Archiv, 1859, p. 133. Canst., vol. i, p. 100.

If a descending electric current of moderate intensity be transmitted through a nerve for a short time and then suddenly interrupted, the ensuing tetanic spasm is engendered by the changes occurring in that part of the nerve which had previously been anelectrotonized. The "point of indifference" being situated about the middle of the nerve, section at that spot, the author inferred, would remove the tetanus. On the other hand, if an ascending instead of a descending electric current had been employed, the division of the nerve at the point alluded to would fail to remove the tetanus. Experiment confirmed the supposition.

A. v. BEZOLD and J. ROSENTHAL.—*On the Law of Muscular Contractions.* Reichert's u. Du Bois's Arch., 1859, p. 131. Canst., vol. i, p. 95.

The authors confirm the fact that feeble ascending or descending electric currents conducted through the *fresh* nerve induce contractions only with their closure. This law gives place to another as the nerve gradually loses vitality, for a period then arrives during which both currents, at their opening as well as at their closure, are attended by contractions. Next ensues a stage when the ascending current produces only an opening, and the descending only a closing, contraction.

E. HARLESS.—*On Vital Irritation of the Nerves.* (Reprint.) Canst., vol. i, p. 95.

This observer also finds that, in the living nerve, muscular contractions occur only with the closure of the current, whether it be ascending or descending. In the divided nerve, and especially in the neighbourhood of the section, the double effect occurs first, then the contraction, with the interruption of the ascending and with the commencement of the descending current, takes place. This change in the properties of the nerve is no sign, the author thinks, of failing vitality; nor does it even indicate any profound alteration in the irritability, for the irritability of the nerve is augmented by desiccation, and lessened by its exposure to a moist warmth of 30° R. In either case, nevertheless, the change of law does take place. The author states, however, that in all cases the current in the reposing nerve is reversed.

E. HARLESS.—*On the Influence of the Length of an Irritated Portion of Nerve on Muscular Contraction.* Münchn. gel. Anz., 1859, No. 25, p. 201; No. 26, p. 209; No. 27, p. 217. Canst., vol. i, p. 95.

The author sought to trace the manner in which muscular contraction is affected by submitting *different lengths* of the nerve to the electric current. The great sciatic between the sacral plexus and the gastrocnemius was selected for experiment. The results of his researches show that those portions of the nerve which are nearest the cord are the most susceptible of irritation; yet, that the irritability does not diminish at a uniform rate as we approach the periphery, for there are points in the nerve at which it is strikingly less than in the adjoining portions.

Prof. BUDGE.—*Some Observations on Electric Phenomena presented by open Induction-circuits.* Poggendorff's Annalen, 1859, p. 482. Canst., vol. 1, p. 24.

Budge has found that, unlike the bipolar, the unipolar current is more painfully felt on the dry than on the moist skin. A current that is imperceptible when applied to the moist tongue occasions on the dry brow a smart prickling sensation, which disappears, however, when the spot is moistened. The unipolar current excites a half-dried nerve better than the bipolar current. It acts, too, with greatest energy when the electrode and the skin are not quite in contact. Points and angles are more favorable to its action than smooth surfaces; and even with perfect isolation, this current still produces twitchings.

PHYSIOLOGICAL ACTION OF FOOD, MEDICINE, AND POISON.

Dr. C. A. Cameron.—*On the Philosophy of Food.* Dub. Hosp. Gaz., Jan. and succeeding numbers.

Mr. Hunt.—*Action of Medicines.* Brit. Med. Journ., June 2d, p. 422.

W. Busch.—*On the Physiological Action of Chloroform.* Verh. d. naturh. Ver. d. Rheinl. Jahrg., xv, p. 51.

Dr. Charles Kidd.—*On the Nature of Death from the Administration of Anæsthetics, especially Chloroform and Ether, as observed in Hospitals.* Brit. Med. Journ., Sept. 22d, p. 747.

Dr. F. W. Pavy.—*The Physiological Effects of White Precipitate on Animals.* Guy's Hosp. Rep., vol. vi, p. 483.

Kölliker.—*On Wundt's Experiments with Conia and Salt.* Verh. d. phys.-med. Ges. in Würzburg, 1859, vol. ix, part 2, 3, p. 55.

Dr. B. W. Richardson. — *The Influence of Oxygen on the Animal Body.* Meeting Brit. Association, Oxford. Lancet, 7th July.

Dr. Edward Smith.—*The Action of Tea and Alcohol on the Animal Economy Contrasted.*

In a paper read before the British Association, at its Oxford meeting, Smith contrasted the action of tea and alcohols, as deduced chiefly from his own inquiries, published in the 'Philosoph. Trans.,' for 1859, and appended the conditions to which each is severally suited or otherwise.

In reference to *tea,* he stated the action to be as follows when taken in moderate doses:

1. It increases all vital actions, as shown by the increased evolution of carbon by the lungs and of nitrogen by the kidneys, the last fact being attested by the experiments of C. G. Lehmann and himself.

2. It increases the ease, frequency, and depth of respiration.

3. It does not increase pulsation.

4. It increases the action of the skin by promoting evaporation and loss of heat.

5. It does not diminish or disturb nervous, mental, or muscular actions, but probably increases them, and is not followed by reaction.

In larger doses, nausea or narcotism sometimes occurs.

Small doses (twenty-five grains), frequently repeated, have fourfold influence over the respiration of 150 grains taken at once. The most suitable dose is fifty grains.

The addition of acids increases pulsation, lessens the action upon the skin, and renders it more stimulating, whilst alkalies have the contrary effect, and caustic alkalies destroy it.

In its application, it is unfitted to the following conditions:

1. In the absence of food, and therefore at breakfast.

2. To the ill-fed; to those of spare habit, with rapid vital actions; to the young; to prison dietary; to support exertion, except with much food; to those who perspire too freely; to low temperatures, except with excess of fat food.

The author considers it to be most suited to the following conditions:

In the later hours of the day, when the vital powers are lessening;

after much food; to the corpulent; to those whose skin is habitually dry; to those exposed to a burning sun; in recovery from suspended animation; and to those who take excess of food.

The leading ideas are that tea increases all vital actions (including the transformation of the hydro-carbons) and the action of the skin, and is therefore suited to conditions of temporary excess of food and heat, and to some forms of defective assimilation. It lessens or increases the waste of the system, in proportion as there is a due supply of food, and the food is duly assimilated.

Smith then shows that this statement of its action and application corresponds with the instinctive habits of mankind, and when it is taken by the ill-fed it acts beneficially by promoting the digestion of the starchy food and by supplying warmth.

The author also referred to coffee, and stated that its action upon the excretion of carbon and nitrogen is nearly the same as (perhaps less than) that of tea; but it differs in lessening the action of the skin. It thus saves heat, and is more suited to persons and conditions in which the skin acts too freely. It often acts upon the bowels.

In reference to *alcohols*, the author stated—

1. That alcohol is not the only valuable element in spirits, wine, and beer, and is not prescribed in place of these compounds.

2. Each kind of alcohol is selected according to the case, and is known to have its own special action, both as a curative and a morbific agent.

He then noticed the effects of the various spirits upon the consciousness, senses, muscles, heart, skin, mucous membrane, salivary glands, and respiration, and found that the action commences within three minutes, attains its maximum in about forty minutes, and continues nearly two hours.

The sequence of the phenomena are as follows:

1. Upon the heart.
2. Upon the brain with consciousness, mental and sensual perception.
3. Upon the cerebro-spinal tract.
4. Upon the respiratory tract.
5. Upon the sympathetic system.

Brandy and gin lessen the quantity of carbon evolved; whilst alcohol, rum, and ale, increase it. Whisky varies in its action. The essential action of alcohol is to lessen the action of the skin and to increase the force of the heart, whilst the effect upon the respiration is not a principal result. It lessens waste of heat, and, therefore, of food. The aromas of wines lessen respiratory changes; whilst the gluten and sugar of beer increases them.

Alcohol is fitted for cases in which it is desirous to increase the force of the heart and to lessen the dispersion of heat by the skin.

Aromas have an opposing or modifying action, and are fitted for cases of excessive vital action.

Beers are especially suited to those who have deficient powers of assimilation, as well as defective force of the heart.

The author then showed that the actions of alcohol and tea are directly opposed to each other, but that those of coffee and alcohol to a great extent agree.

Beers, by their power of promoting assimilation of food, so far agree with both tea and coffee; but as they contain alcohol, they correspond more closely with the latter.

Dr. MARCET.—*An Experimental Inquiry into the Action of Alcohol on the Nervous System.* Read to the British Association for the Advancement of Science, at the Meeting held at Aberdeen, in 1859, and printed *in extenso* in the 'Medical Times and Gazette' for March 3d, 17th, and 31st, 1860.

The object of this communication is to establish, by a series of experiments, the mode of action of alcohol on the nervous centres, or rather *the channel* through which alcohol acts on these centres. When a spirituous fluid is taken into the stomach, its influence may be conveyed to the brain, spinal cord, and sympathetic system, by different channels. According to some physiologists, the properties of alcohol are exerted on the nervous centres through the nerves only; others believe that intoxication does not occur unless the poison has come in contact with the brain, by means of the circulation; finally, it is thought by some that alcohol acts on the nervous centres in both ways. In order to contribute to the solution of this question, Marcet undertook the investigations which form the subject of the above-named paper.

The author's experiments are divided into three series. In the first he studied the action of alcohol on the healthy animal, choosing the frog on the one hand, and the dog on the other. In the second the nerves supplying the parts placed in contact with the alcohol were divided, the circulation remaining undisturbed; frogs only were used in this series of experiments. In the third series the circulation in the parts in contact with the alcohol was arrested, so that none of the poison could possibly be carried to the nervous centres; care being, at the same time, taken to leave the nervous connexions between the parts poisoned and the nerve-centres entire. Frogs and dogs were employed in these experiments.

The chief conclusions to be drawn from the experiments related in this paper are as follows:

1. That alcohol acts *principally,* though not *exclusively,* on the nerve-centres by means of absorption, and consequently through the circulation.

2. That alcohol exerts a *slight,* but *decided,* action on the nerve-centres, through the nerves, independently of the circulation.

3. That the action transmitted through the nerves may be of two kinds—(*a*) It may give rise to a shock, or temporary complete suspension of sensibility and motility (with the exception perhaps of that of the eyelids), although respiration continues. (*b*) It may produce no other visible effect than hastening death.

LALLEMAND, PERRIN, and DUROY.—*On the Action of Alcohol, of Anæsthetics, and of Carbonic Acid Gas, on the Cerebro-spinal Nervous System.* Compt. Rend., Sept., 1860, p. 400.

The authors detail several experiments which they performed, and give the following as their conclusions:

1. Alcohol, chloroform, ether, and amylene, act directly and primarily on the nervous system.

2. Carbonic acid and the oxide of carbon act directly and primarily on the blood, which they modify, and it is by means of this modification of

the blood that the secondary phenomena of insensibility are produced. These substances, therefore, the authors say, are only pseudo-anæsthetics.

DEMEAUX.—*Unfortunate Influence exercised on the Child by Conception occurring during the Intoxication of the Father.* Gaz. Med. de Paris, Oct., 1860, p. 657.

The author observes that, among thirty-six epileptics that he has had occasion to examine during the course of twelve years, and whose history is well known to him, five were conceived while the father was intoxicated. He has further observed two children affected with congenital paraplegia in the same family, when, from the distinct statement of the mother, conception took place during drunkenness. Lastly, in the case of a young male lunatic, aged seventeen, and an idiot, aged five years, the author states that he has been able to discover the same cause.

BERNARD.—*On the General Effects of Medicinal Substances.* Lect. XIV. Medical Times and Gazette, May 26th, p. 515.

Bernard thinks that medicines, as well as poisons, exert their power exclusively upon certain histological elements, even in those cases where they appear to produce a general perturbation of the whole system. Thus, for instance, he says that strychnia localizes its action entirely upon the sensitive nerves; and that wherever the torrent of the circulation conveys it, all the properties of the recurrent nervous fibres are destroyed; so that even before reaching the spinal cord it has already paralysed the extremities of the nerves which revert towards their central axis. On the other hand, woorara concentrates upon the motor nerves alone its noxious influence, and, wherever it meets them, paralyses at once their properties; and in this manner, without doing the slightest injury to glands, muscles, vessels, or other tissues, it arrests at one blow the most indispensable functions of life. But the action of poisons introduced into the blood is not invariably directed towards the nervous system. All the other tissues, and even the blood itself, have their own peculiar poisons, capable of modifying their vital properties. Both digitalis and the juice of the upas antiar enjoy the power of destroying muscular contractility throughout the entire system.

Bernard then adds that there is, however, a difference in the intensity with which these poisons act on the various orders of muscles, a difference with which the stimulating properties of electricity, which act so powerfully upon certain systems of muscles, and are comparatively so feeble as regards others, has already rendered us familiar. But the nervous system, after the introduction of these poisons into the economy, remains wholly unimpaired; and through the suspended action of the heart alone is it in their power to produce death. A substance of a very different kind, the oxide of carbon, neither attacks the muscles nor the nerves. It acts exclusively on the blood-globules, which ought to be viewed in the light of a living tissue, as well as other histological elements. Introduced into the lungs, the oxide of carbon fixes upon the globules which circulate in the pulmonary vessels; and such is its affinity for the blood-cells, that a perfectly stable chemical compound appears to be produced, which the presence of oxygen is no longer able to destroy. In this manner the function which devolves upon the blood-corpuscles is at once destroyed.

The action of medicines resembles, in every respect, that of poisons, and, according to Bernard, nerves, muscles, blood-globules, and other tissues, enjoy peculiar vital properties, the intensity of which is modified through medical interference, sometimes for the purpose of increasing, sometimes for that of lowering, their activity; and the action of foreign bodies, whether medicinal or poisonous, can be rendered general only through the nervous or vascular system. But, in this respect, a wide distinction arises between sensitive and motor fibres, which experiments on living animals have placed in a strong light. Let, he says, for example, woorara be injected into an animal's veins, or simply introduced under the skin after the vessels of one of its extremities have been tied, and the motor nerves are paralysed throughout the system, and it becomes impossible to produce muscular contraction by acting upon them; but the nerves of that single limb, the vessels of which have been tied, alone retain their physiological power. He concludes his remarks by saying, that the effects of medicinal agents are to be explained by the modifications they produce in the primitive elements of which our tissues are composed.

G. Bodington.—*The Physiological Effects of Opium.* Brit. Med. Journ., June 9th, p. 455.

Bodington believes that the possibility of giving large doses of opium in cases of delirium tremens, not only with impunity, but even with advantage, arises from the circumstance that alcohol has to a certain extent the power of controlling the physiological effects of opium. Hence it is that, when the system is, so to speak, saturated with alcohol, opium becomes comparatively innocuous. The author further states that the use of opium should be specially guided by the previous habits of the patient, and that the modern salts of the drug seem to be the most dangerous form in which it can be given. "The native opium contains constituent ingredients of a contrary character, which are counteractive of each other. Laudanum, holding all these in solution, is the safest form, inasmuch as the alcohol, the solvent, in some measure acts as an antidote."

Dr. George D. Gibb.—*On the Value of the Sanguinaria Canadensis, as a Remedial Agent.* Glas. Med. Journ., July, 1860, p. 121.

1. An infusion of the root produces no influence on plants while they are in the ground; but if removed and immersed in the infusion, they droop and die.

2. Insects immersed in an infusion of the root die with spasmodic movements of the chest and wings.

3. Fenwick, of Montreal, found that a large dose acted as a powerful irritant poison on dogs and cats, causing frothing at the mouth, vomiting, purging, thirst, dilatation of the pupils, impairment of the vision, convulsions, coma, and death. One drachm of the freshly powdered root proved fatal to a young cat, with the above symptoms, in four hours; while two drachms given to a dog was fatal within the same period. After death, patches of injection, redness, and softening of the mucous membrane of the stomach and intestines were found. When given to men in small doses, digestion is excited, the pulse accelerated, and the cerebral functions exalted. In larger doses it produces nausea, and acts upon the circulation something like digitalis. An overdose produces violent vomiting, burning sensation in the stomach, tormenting thirst, faintness, vertigo, indistinct

vision, and great prostration of strength. Three women died with these symptoms the day after drinking, by mistake, a quantity of the tincture of blood-root. When applied to the skin, no effect, beyond staining it, is observed. Dr. Wood states, however, that it produces inflammation when kept in contact with the skin. Sniffed up the nostrils, it excites violent inflammation, and if a drop of the fresh juice comes in contact with the conjunctiva, an intense congestion is the immediate result.

Regarding the action of the seeds and leaves, some slight difference of opinion still exists; Barton says the seeds act like those of the *Datura stramonium*, producing fever, delirium, &c.; when chewed, the leaves produce a slightly harsh, but not acrid, taste, and some dryness of the fauces.

RICHARD HUGHES.—*On the Influence of Belladonna on the Pneumogastric Nerve.* Brit. Med. Journ., 26th May, p. 393.

Dryness of the throat and dysphagia are two of the earliest and most constant symptoms of the influence of belladonna. Hughes asks, "On what do they depend?"

The pneumogastric nerves preside alike over the muscular fibres and secreting apparatus of the alimentary canal from the fauces to the stomach, and, as pointed out by Bernard, if they be divided during digestion, the gastric juice ceases to flow, and the mucous membrane, from being tense and turgid, becomes withered and pale. If such be the effect of loss of pneumogastric influence on the stomach, similar phenomena—check of secretion and diminished muscular power—higher up the alimentary canal ought to be referred to depression of the influence of the same nerve; consequently, he says, the dryness of the throat and dysphagia caused by belladonna must result from a depressing influence exercised by it on the pneumogastric nerve.

That such is the fact will further appear from a consideration of its effects on disease. Hooping-cough and asthma, spasmodic affections, in which irritation of the pneumogastric nerve is at the bottom of the phenomena, are both singularly under the control of belladonna and its congeners. Valentin found constriction of the trachea and bronchial tubes follow galvanization of the pneumogastric, while, on the other hand, these tubes have been found lax, and have refused to contract under the strongest stimuli, in animals poisoned by belladonna and stramonium.

In obstinate spasmodic vomiting, where the pneumogastric is the seat of the irritation, belladonna has been found very beneficial. The obstinate vomiting in pregnancy has also been cured with belladonna. Here, again, says the author, as the pneumogastric is the motor nerve of the muscular coat of the stomach, the sedative influence exercised by belladonna upon this nerve explains the phenomenon.

Some further remarks are made by the same author on this subject in the 'Brit. Med. Journ.,' 8th Sept., p. 706.

RICHARD HUGHES.—*On the Significance of the Contraction and Dilatation of the Pupil produced by Opium and Belladonna respectively.* Lond. Med. Rev., August, p. 92.

It is now well known that the muscular fibres of the iris are supplied by two distinct nerves, emanating from different divisions of the nervous system. The circular fibres of the iris receive a branch from the third cranial nerve, and are, therefore, under the influence of the cerebro-spinal system; while the longitudinal muscular fibres are supplied by filaments from the sympathetic. Hence it is that dilatation of the pupil follows diminished power of the third nerve, as in compression of the brain; while contraction of the pupil occurs after section of the cervical sympathetic.

The balance of power between the two sets of nerves may be destroyed in another way; thus, for example, contraction of the pupil may result from reflex excitement of the third nerve by the stimulus of strong light acting through the optic; while, on the other hand, dilatation of the pupil may arise from galvanic stimulation of the sympathetic in the neck.

After these and some other preliminary remarks, the author passes on to say that the state of the pupil is a marked feature of the influence of opium on the one hand, and of belladonna on the other, the former causing contraction, the latter dilatation, of the pupil. The question now arises—by what process does opium contract, and belladonna dilate, the pupil?

Does the contraction of the pupil in opium-poisoning depend upon an excitation of the third or a paralysis of the sympathetic nerve? Our author thinks that the influence of opium results, not from its stimulating the third, but from its depressing effect on the sympathetic, nerve. He cites a number of facts in support of this view, and then goes on to say that belladonna and its congeners dilate the pupil, not in consequence of depressing the third nerve, but of the stimulating influence they exert on the sympathetic nerve. So that opium may, on the one hand, be regarded as the paralyser, belladonna, on the other hand, as the exciter, of the sympathetic nervous system.

HEISCH.—*The Arsenic-Eaters of Styria.* Ed. Med. Journ., June, p. 1137.

ROSCOE.—*On the alleged Practice of Arsenic-Eating in Styria.* Med. Times and Gaz., Nov. 17th, p. 494.

Heisch says, if human testimony be worth anything, the fact of the existence of arsenic-eaters is placed beyond a doubt. The arsenic is taken pure in some warm liquid, as coffee, fasting, beginning with a bit the size of a pin's head, and increasing it to that of a pea. The complexion and general appearance are much improved, and the persons using arsenic seldom look as old as they really are. The first dose is always followed by slight symptoms of poisoning, such as burning pain in the stomach and sickness, but not very severe. Once begun, it can only be left off by very gradually diminishing the dose, as a sudden cessation causes symptoms of poisoning, which may be speedily followed by death. Arsenic-eaters, according to Heisch's authority, are long-lived, and peculiarly exempt from infectious diseases.

Roscoe confirms Heisch's statements. Roscoe was supplied by Professor Pebal, of Lemberg, with a series of letters written by seventeen medical men in Styria to the Government Medical Inspector at Grätz, concerning the alleged practice. All the letters acknowledge the general prevalence of a belief that certain persons are in the habit of taking arsenic in quantities usually supposed sufficient to produce death. Many of the medical men had no experience of the practice; others described certain cases which had not come under their personal notice, but which they had been told of by trustworthy people, whose names they give; others, again, report cases which they have themselves observed. White arsenic is well known in Styria by the name of "Hidrach," and Dr. Knappe, of Oberzehring, states that he saw a man, thirty years of age, in robust health, take, on the 22d February, 1860, a piece of arsenious acid weighing four grains and a half, and on the 23d another piece weighing five grains and a half. The urine contained arsenic. On the 24th the man went away in his usual health. He said he was in the habit of taking a similar quantity three or four times each week.

Dr. Holler, of Hartberg, states that he and other persons named in his report guarantee that they are together acquainted with forty persons who eat arsenic. Dr. Forcher, of Grätz, gives a list of eleven people in his neighbourhood who indulge in the same substance. Roscoe concludes that the evidence brought forward decidedly proves that arsenic is widely distributed in Styria, and regularly eaten by many of the inhabitants.

Dr. B. W. Richardson.—*On the Physiological and Therapeutical Properties of the Peroxide of Hydrogen.* Lancet, Oct. 20th, p. 390.

Richardson calls attention to the fact that blood freed from fibrin absorbs the oxygen from the peroxide, and if venous blood, becomes arterial, with a rise in the temperature; while washed fibrin and cellular tissue in the fresh state evolve the oxygen. Albumen, urea, gelatin, fibrous membrane, and skin, produce no change. All kinds of sugar, when brought into contact with the peroxide, are decomposed, and evolve carbonic acid. Starch undergoes the same modification. All narcotics that are miscible in water prevent the peroxide from exerting its oxidizing power. The author further states that "a weak solution oxidizes blood; but this effect can be stopped by the action of alkaloids and of narcotics. The peroxide supports the life of fishes; but the body of the animal causes rapid evolution of the gas. The solution injected into the left side of the heart of an animal restores the irritability, but appears to have an opposite effect on the right side. Injected into the arterial system immediately after death, it seems to restore to the muscles the power of contracting on the application of an irritant. It suspends to a considerable extent post-mortem rigidity, and it reduces spasmodic action excited by such bodies as ammonia and hydrocyanic acid."

J. Bernard.—*On the Chemical Agents of Disease in the Living Body.* Lecture VII, Med. Times and Gaz., Feb., p. 183.

Bernard points out how animals, debilitated by want of proper nourishment, have the power of resisting the action of certain poisons better than animals in perfect health; while, on the other hand, the healthy animals are less liable to the action of certain diseases. If, therefore, he says, an animal being given, it is our purpose to preserve it from the action of woorara, or similar poisons, we must lower its forces. If, on the contrary, we intend to preserve it from contagious diseases, we must increase them by all possible means.

When speaking of the mode of production of a physiological virus, and of a morbid poison, he says, that it is a singular fact that in so general a disease (hydrophobia), the virus, which alone is capable of transmitting the affection, should be exclusively localised within one single apparatus (salivary) without existing in the blood at large. While, on the other hand, in several virulent diseases, such as glanders for example, not only the slimy secretion that escapes from the mouth and nose, but even the blood itself contains the morbid principle. In the contagious pneumonia of horned cattle, it appears that the lung is the exclusive seat of the poison, for neither the blood nor any of the fluids of the economy (those of the lung excepted) is endowed with the property of propagating the disease. For these and other reasons, Bernard concludes that the history of specific diseases offers nothing which cannot rationally be explained; but the difficulty lies in the discovering of the physiological process in which the virus originates.

Nothing is easier than to produce putrid affections in sound animals. Thus, when transfusion is performed under ordinary circumstances, no accidents are produced; but when the blood is allowed to remain for a short space of time in contact with the atmosphere, and the serum then injected into the vessels of a healthy animal, symptoms of putrid resorption are observed, and the animal dies after exhibiting all the characteristic symptoms of putrid affection.

In Lecture xxiii, "On the Analogy between Morbid Causes and Poisons," Bernard remarks that, although, in the majority of cases, the results of post-mortem examinations enable us to ascertain the direct and immediate cause of death, our expectations are often deceived in this respect; and we are unable to account for the cessation of life, in consequence of the organs being apparently healthy.

Morbid anatomy, he thinks, cannot be considered as the key to *all* the phenomena of disease, for it explains nothing beyond the mere mechanical causes of death; and therefore if we wish to acquire a deeper insight into the secrets of living nature, we must follow other modes of investigation. On experimenting on the abdominal nerves, Bernard has frequently met with cases where the animals died before any symptoms of inflammation made their appearance. And Chossat's researches on the effects of starvation equally afford similar results. For example, a pigeon, which has been kept fasting for a considerable length of time, instantaneously dies when his claws are nipped; while if not interfered with, the animal's life is usually prolonged for several days. In such a case, no alteration in the tissues is met with, beyond those resulting from inanition. Chossat attributes the death of the animal to syncope. In fact, adds Bernard, the heart's motion is momentarily arrested, when a sensitive nerve is painfully excited; it is therefore quite possible that, in animals reduced to a state of great debility, a slight sensation of pain would immediately produce death.

As regards poisons, they may be divided into two classes. Some poisons give rise to stable and definite chemical compounds, are retained within the economy, and may be discovered after death. Others are speedily expelled from the body, and leave no visible marks of their passage. In the first case, permanent and incurable effects are produced; in the second, a transitory action is alone exerted, and when the patient recovers, the noxious principle has entirely disappeared.

O. Weber.—*Experiments with Chloroform.* Verh. d. Naturhist. Ver. d. Rheinl. Jahrg. xv, p. 66, and vol. xvi, p. 26. Canst., vol. i, p. 111.

In animals poisoned with chloroform, normal respiration may frequently be restored by galvanizing the phrenic nerves, or by performing artificial respiration by means of a bellows attached to a tube introduced into the trachea. Marshall Hall's method does not succeed in reviving rabbits.

Eulenburg and Ehrenhaus.—*The Action of Digitalis on the Extirpated Heart; and of Concentrated Solutions of Metallic Salts on the Motor Nerves of the Frog.* Med. Centr.—Zeitg., vol. xxviii, pp. 98 and 102. Schmidt, vol. cvii, p. 160.

The authors employed a solution of digitalin, of very moderate strength (half a grain to the ounce of water), and found that, if the under third of a frog's heart was held in it, the pulsations soon ceased. The pulsations recommenced, however, on the removal of the heart from the solution. When a solution of digitalin of half the above strength was employed, the pulsations of the heart, instead of being arrested, increased in frequency and force. It was curious to observe, however, that every now and then there was a pause, and that as the length of the pauses increased, the number of pulsations (between the pauses ?) augmented. In an experiment with another frog's heart, and a still weaker solution (gr. j to ℥viij), the same phenomena were observed. The pauses were not, however, so regular, and the pulsations became slowly fewer and fewer, while the duration of each contraction was proportionally lengthened. The heart continued to pulsate during two hours and a half.

In their experiments on the action of concentrated solutions of metallic salts on the nerves, the authors again employed the frog. The sciatic nerve was dissected out, and its cut (lower) end placed in the solution conveniently held in a watch-glass. Solutions of the neutral acetate of lead, and a few other salts, were found not only to excite contractions in the muscles, but even to induce a state of tetanic spasm. The action is not instantaneous, but begins in a few minutes. It thus seems that certain chemical substances have a direct action on nervous matter.

Dr. Rouget.—*Observations on the Action of Nicotin on the Heart.*—Journ. de la Phys., July, 1860, p. 569.

The common opinion is, that nicotin possesses in the highest degree the power of rapidly destroying muscular irritability; the action of this substance on the heart, however, is singularly in opposition to this opinion.

In frogs killed by a drop of the solution of nicotin, the action of the heart continues long after all trace of irritability has disappeared from the voluntary muscles. After the pulsations of the heart have diminished in frequency and force, nicotin applied directly to the organ itself instantly increases their number; soon, however, a permanent contraction begins, and the pulsations cease. While the ventricle remains in this tonic convulsion, the cavity completely disappears.

In birds and mammals killed by the inhalation of chloroform, the ventricles are immobile and dilated; the right auricle only shows a few feeble movements. If the ventricle is pricked or galvanised while in this state, no, or only very slight, contractions are obtained, whereas the direct application of a drop of nicotin solution (strong) immediately induces spontaneous contractions, and causes the organ to respond to mechanical and galvanic stimuli. Lastly, the ventricles pass into a state of permanent contraction.

HARVEY.—*An Experimental Inquiry into the Mode of Death produced by Aconite.* Meet. of Brit. Association, Oxford. Lancet, July 7th.

Harvey states that aconite acts first on the nerves, and then on the muscles, and that it stops the action of the heart. The experiments were made upon dogs, rabbits, and frogs, and the aconite was given in the form of Fleming's Tincture.

BERNARD.—Lect. XXVII. *On Muscular Poisons.* Med. Times and Gaz., Sept. 29th.

There exist poisons which abolish directly contractility in the muscular tissue. In this class are digitalis, upas antiar, and two other substances known by the Indian names of Carrowal and Wao. The active principle of the veratrum album, or veratrine, a substance now frequently employed in medicine, also exerts its influence upon the muscular fibre, to the exclusion of all other tissues; and a large number of poisons, with the chemical composition of which we are imperfectly acquainted, evidently belong to the same class.

The principal result of their operation is sudden arrest of the heart's action, and in this respect they might be divided into two classes. Some act upon the heart before affecting the voluntary muscles; this is the case with digitalis and upas antiar. Carrowal and wao, the author says, enjoy this power in a still greater degree. The reverse is the case with other poisons. They act on the voluntary muscles first, and only paralyse the heart at a later period. It is, therefore, he thinks, easy to conceive how wide is the difference between the intensity with which these poisons act in differently organized animals. Birds are instantly killed by a very small dose of carrowal, mammals survive a few minutes, while frogs resist its action for a considerable space of time. The latter animals are able to survive a few hours after the total ablation of the heart's action. Further on in the lecture the author remarks, that in health the muscular tissue has a decided alkaline reaction; but in the poisoned animals it becomes acid, and rigor mortis occurs immediately after death. Both of these changes spontaneously take place in dead animals, but only after twenty-four hours have elapsed. The electrical property of the muscular tissue also undergoes a singular alteration, for, in the ordinary state of things, the external surface of a muscle is positively, and the internal or cut surface negatively, electrified. The reverse is, however, the case in animals poisoned with these toxic agents. And, lastly, on opening the poisoned animals immediately after death, the heart is found contracted, motionless, rigid, and totally empty.

In all such cases the muscular element alone is acted upon; for if, on poisoning an animal with one of these agents, you apply a ligature round one of the limbs, and thus prevent the poison from reaching it, you find that, while the other muscles of the body remain insensible to galvanism, those of the limb thus preserved readily obey its influence through the corresponding nerves, thus proving that the muscular fibres alone have, in this case, been interfered with, the nerves retaining, as before, all their vital properties.

It must not be supposed that the vital properties persist as long as the physical and chemical phenomena continue. They are mutually independent; for example, when a rabbit is killed by simple section of the medulla, both nervous excitability, muscular irritability, and the electric muscular current, disappear by degrees, and in a few hours are totally extinct; but if it be poisoned with upas antiar, a different result is obtained. In twenty-five or thirty seconds the normal irritability of the muscles disappears, but the electric current persists during four or five hours. In like manner, the alkaline reaction of the muscles is not inseparably connected with their contractile power, nor the electro-tonic state of the nerves with the property of transmitting the impulse of the will.

BERNARD.—Lect. XXVI. *On the Effects of Woorara.* Med. Times and Gazette, 15th Sept., 1860.

Bernard states that there are some poisons which exert no influence on the adult, and are nevertheless fatal to the young; while, on the other hand, there are poisons which act powerfully on animals that have attained their full development, without being able to produce any direct effect upon the fœtus. Woorara belongs to the latter class; if, for example, a solution of it be injected into the veins of a pregnant female, the mother is destroyed, while the fœtus survives, and only dies after a time in consequence of the total cessation of the parental circulation. This arises from the fact that the destructive powers of woorara are in proportion to the physiological activity of the respiratory functions. Hence it is that birds experience most rapidly its fatal effects, and the embryo, which closely resembles in many respects animals low in the scale of development, scarcely, if at all, suffers from them. There is yet another point to be taken into consideration, namely, that the action of woorara is entirely through the agency of the nervous system, and, consequently, the more highly it is developed the more fatal will be the effects of the poison. In polypi, the action of this substance altogether disappears, in consequence of their possessing no nervous system for the poison to work upon.

A. MOREAU.—*Action of Woorara on the Electric Torpedo.* Gaz. Méd. de Paris, 20th Oct., 1860, p. 657.

Moreau injected a solution of woorara into the dorsal vein of a torpedo, and immediately replaced it in water. After a few seconds it ceased to swim about, and very soon afterwards it even ceased to breathe. On now placing a frog, with the medulla oblongata cut in order to prevent the occurrence of any voluntary movements, on the back of the torpedo, and pinching the latter, the fish remained motionless, but at the same moment the frog made a bound in a vertical direction.

Thus it appears that an impression made by the forceps is transmitted to the nerve-centres, and returned by the nerves which excite the electrical organ to discharge its electricity, without, at the same time, producing the slightest reflex movement in any portion of the body.

This experiment the author repeated a great number of times, and always with the same result. On removing the torpedo from the water, opening the abdomen, and exposing the nerves situated on the lower surface of the cartilage forming the upper boundary of the abdominal cavity, Moreau found that the application of galvanism to the motor as well as to the sensory branches produces no movement, but only an electrical discharge from the fish; whereas the same experiment made with a torpedo not poisoned with woorara always induces muscular movements, as well as electrical discharges. The same remark may be made regarding the application of galvanism, under similar conditions, to the pneumogastric nerves.

These experiments prove that woorara first acts on the motor nerves, and that the electric nerves, like the sensory and nerve-centres, retain their physiological properties for a much longer period.

A. v. BEZOLD.—*On the Action of Woorara on the Motor Nerves.* Monatsber. d. Berl. Akad., 14th Nov., 1859. Canst., vol. I, p. 111.

Experiments with the myographion show that woorara diminishes the velocity with which a stimulus is transmitted through the sciatic nerve, at 59° Fah. (15° C.), from twenty-six to five metres and a half in a second. The change occurs much sooner in the intra-muscular nerves than in the trunks, and in the latter only with increased doses of the poison.

MARTIN-MAGRON and BUISSON.—*The Comparative Action of the Extracts of Nux Vomica and Woorara on the Animal Economy.* Journ. de la Phys., April, p. 323, and July, p. 522, 1860.

These authors have arrived at the conclusion that strychnine acts upon the sensitive nerves in precisely the same way as woorara, and consequently imagine that the one cannot counteract the effects of the other.

L. VELLA.—*The Antagonism which exists between Strychnine and Woorara, or the Neutralizing the Tetanic Effects of Strychnine by Woorara.* Compt. Rend., Sept., 1860, p. 353.

In this communication Vella relates several experiments, the results of which prove that woorara, as was stated by an English observer in 1856, has the power of neutralizing the effects of a poisonous dose of strychnine. Vella concludes by saying that woorara is the true physiological antidote for strychnine.

WUNDT and SCHELSKE.—*The Influence of Woorara Poison on Nerves and Muscles.*—Verh. d. naturh.-med. Ver. zu Heidelberg, p. 12, 1860.

(1) The state of the motory and sensory nerves, when under the influence of this poison, is not identical with that of death; the sensibility to stimuli always, after a longer or shorter period, returns. (2) In poisoning with woorara there is, the authors say, a period of increased sensibility, at least in so far as reflex action is concerned. (3) The pulsations of the heart, for a time, increase in number after the animal has become unconscious from the action of woorara. (4) The influence of the vagus is not destroyed (as has been supposed) by woorara, but, on the contrary, increased; hence the quickening of the heart's action. The authors, moreover, consider that the idea of the extremities of the nerves being dead in poisoning by woorara is false, and, therefore, that the opinions that have been formed regarding muscular irritability, from the results of experiments made upon animals poisoned with woorara, are of no importance.

Prof. WM. A. HAMMOND.—*Experimental Researches relative to a supposed New Species of Upas.* Amer. Journ., Oct., 1860, p. 363.

This specimen of upas poison was obtained at Singapore in 1848, by

Dr. Ruschenberger, U.S.N., who presented it to Prof. Hammond. The poison is semifluid, of a dirty-green colour, with a slightly yellowish tinge, and evolves a very decided odour of human fæces. It deposits, on standing, a slight sediment, consisting of amorphous organic matter, with a few vegetable cells and other structures of similar character. When examined chemically, it is found to contain 23 per cent. of an uncrystallizable substance, possessing an intensely bitter taste. With bichromate of potash and sulphuric acid it gives a blue colour, but not the strychnine play of colours. On treating this bitter substance with distilled water, above a fourth part is dissolved, and the residue is, like strychnine, crystallizable, and with the bichromate of potash and sulphuric acid exhibits the same reaction. It also causes tetanus and death when administered to a frog even in very small quantity. The results of several experiments led Hammond to the conclusion, that the poison, although resembling strychnia in producing tetanic convulsions, yet differs from it in acting directly on the heart. In frogs its first effect is to arrest the action of this organ, and it is not till some minutes have elapsed that the tetanus supervenes. It is probable that the same is the case with mammals, but, owing to the rapidity with which the poison acts on warm-blooded animals, it is difficult to arrive at any very definite conclusion on this point. It may, however, be concluded that this poison, like the upas antiar, carrowal, wao, and tanghin, acts primarily upon the heart, but, unlike these agents, acts also upon the spinal cord, causing tetanic convulsions.

The author remarks that, from some of the experiments he has performed, it would be easy to show the error into which Martin-Magron and Buisson have fallen regarding the action of woorara and strychnine, and then passes on to state that the poison referred to in this memoir allows the nerves in frogs to retain their irritability for about five hours, and the muscles for nearly an hour longer.

"When taken into the stomach, the two principal actions of the poison are reversed in the order of occurrence. Tetanus first occurs, and it is not for some time afterwards that the heart stops beating." It is even possible to entirely prevent the paralysis of the heart by washing out the stomach a few minutes after the introduction of the poison.

Introduced into the rectum, the effects ensue in the same sequence as when the poison is placed in the stomach, but with somewhat greater rapidity. It may, therefore, be concluded that the mucous membrane of the alimentary canal is a better "endosmometer" for the solution of strychnia than for that of the heart-paralysing agent. Placed upon the skin of frogs, the poison produces similar effects to those which follow its insertion under the skin, and with almost as much rapidity. The author concludes by saying that he thinks the poison is altogether different from any one species of poison hitherto described, and that, whilst in many respects it is similar in physiological effects to both the upas antiar and the upas tieute in their joint actions, there is much reason for hesitating to regard it as a compound of these substances.

Dr. Alfred S. Taylor.—*On the Transference of Poisons from the Blood to the Alimentary Canal.* Guy's Hosp. Rep., vol. vi, p. 397.

Physiologists have long recognised the fact that poisons received into the stomach find their way into the blood, and are from thence either temporarily transferred to the solid organs or eliminated by the various excretions; while the fact that, conversely, they might find their way from the blood, when it is the seat of poisoning, into the stomach and intestines has, as yet, been only doubtfully accepted. Our author has re-examined this point experimentally, and, from the results obtained, he says, that arsenic as well as antimony may find its way into the stomach and bowels, although not taken by the mouth or injected into the rectum; facts of some importance, in cases where reliance is placed on the presence of mere traces of either of these poisons in the stomach or intestines, as furnishing evidence of recent administration by the ordinary channels.

When arsenic and antimony are found in more than traces in the digestive canal, *i. e.* in powder or in solution in large quantity, no objection can be offered to the medical inference that they have been taken by the mouth. Taylor further states that it is impossible to admit that the solid sulphides of arsenic or antimony found in the coats of the stomach or intestines of a body, in a case of exhumation, can have been derived from the metal eliminated from other parts by the mucous glands.

THE FIVE SENSES—SEEING, HEARING, TASTING, SMELLING, AND FEELING.

SEEING.

Dr. HENRY DOR.—*On the Individual Differences of Refraction of the Eye.* Journ. de la Phys., July, 1860, p. 477.

Dr. CHARLES ROUGET.—*Note on the Movements of the Iris, on its Convexity, and on the Non-existence of a Posterior Chamber in the Eye.* Journ. de la Phys., July, 1860, p. 568.

Prof. H. MÜLLER.—*On Smooth Muscles connected with the Eyelids of Man and the Mammalia.* Verh. d. Würzb. Phys.-med. Ges., vol. ix, p. 259. Canst., vol. i, p. 81.

M. WUNDT.—*Contributions to the History of the Theory of Vision.* Henle's u. Pfeufer's Zeitschr., 3d series, vol. vii, p. 279. (Historical notices of ancient and modern opinions on the subject.)

UEBERWEG.—*Contributions to the Theory of the Adjustment of the Sight.* Henle's u. Pfeufer's Zeitschr., 3d series, vol. v, p. 268.

GIRAUD-TEULON.—*Theory of the Ophthalmoscope, with the Inferences thence derived, indispensable to an understanding of its Mechanism.* Gaz. Méd., 1859, No. 7, p. 120.

A. E. PREVOST.—*Note on Binocular Vision.* Bibl. Univ. de Genève, Nouv. pér., vol. iv, p. 105.

E. BROWN-SÉQUARD.—*Experimental Researches on the Influence of Light, Cold, and Heat, on the Iris, in the five classes of Vertebrata.* Journ. de Phys., vol. ii, 1859, pp. 281, 451.

J. REGNAULD.—*Analysis and Conclusions of a Work on Fluorescence of the Media of the Eye.* Journ. de la Phys., vol. ii, 1859, p. 343. Gaz. Méd., 1859, No. 2, p. 37.

J. ZACHARIAH LAURENCE.—*The Variation in Size of Complementary Optical Spectra.* Brit. Med. Journ., 11th Aug., p. 618.

In a letter containing observations on Mr. Laurence's paper, John Gorham, Esq., of Tunbridge, says that Darwin had already noticed the same fact, and published his views on the subject in the 'Philosophical Trans.,' vol. lxxvi, p. 313. (Brit. Med. Journ., 25th Aug., p. 674.)

In the same journal, of 1st September, Laurence replies to Gorham's letter, and adds a table, exhibiting the averages of a large number of observations on four different persons. The conclusion drawn from which is, that the magnitude of a complementary spectrum is in a direct ratio to its distance from the eye.

Wharton Jones.—*On the Invention of Stereoscopic Glasses for Single Pictures, with Preliminary Observations on the Stereoscope and on the Physiology of Stereoscopic Vision.* Pamphlet, pp. 31.

Wharton Jones.—*Analysis of my Sight, with a view to ascertain the Focal Power of my Eyes for Horizontal and for Vertical Rays, and to determine whether they possess a Power of Adjustment for Different Distances.* Proceedings of Roy. Soc., vol. x, p. 380.

Boblin.—*Optical Experiment, by which the Sensation of a Body in Relief may be obtained from a Single Photographic Proof.* Bull. de l'Acad. de Bruxelles, 1858. Bruxelles, 1859, p. 297. L'Instit., No. 1304, Dec., 1858, p. 431. Canst., vol. i, p. 88.

By removing the concave glass from an ordinary terrestrial telescope containing an eye-piece with four lenses and an achromatic object-glass, and by placing the instrument some five feet from the portrait, the effect of a solid object is produced.

Dr. S. W. Mitchell.—*On the Production of Cataract in Frogs by the Administration of Sugar.* (Read before the Biological Department of the Academy of Natural Sciences, Oct. 3, 1859.) Amer. Journ. Med. Sc., Jan. 1860, p. 106.

While performing some experiments with sugar upon frogs, the author's attention was arrested by the white appearance of the animal's eyes, which, on close examination, proved to be cataractous, the cornea remaining perfectly clear and transparent. In some cases, when the frog died very early, no cataract became visible; and in others, even in despite of frequent doses of sugar, there was likewise no formation of the kind observed.

It may be remarked that the same change in the crystalline lens is found to occur when the eyes of a frog are simply soaked in syrup, and even when the bare lens is placed in sugar and water. However caused, either before or after death, the cataractous whiteness disappears when the lenses are placed in pure water, but the lenses do not become entirely transparent when the opacity has existed for a considerable period of time, or where the opacity is very highly marked. This, the author thinks, may be owing to the fact, that in extreme cases the lens tubes are not merely altered in form and in their relations to one another, but are also ruptured and partially emptied of their softer albuminous contents, lesions which no restoration of their aqueous supply can entirely remedy.

The mere abstraction of water from a lens is found insufficient to cause opacity. The formation of the cataract, it is noticed, attends the second stage of sugar poisoning, or that stage at which the sugar soaks into the tissues. It is, the author imagines, probable that the direct contact of the saccharine substance with the lens is essential to the production of the phenomenon in question, and he sees no reason to doubt that the changes which then result are osmotic; but whether the changes are chiefly due to the absorption of sugar in solution by the crystalline humour, or to exosmosis of the thinner portions of the lens fluids to the sugar, the author had no means of determining. The following are Mitchell's conclusions:

1. That sugar in large quantity destroys the life of the frog, when given internally, or injected under the skin.
2. That an abundant supply of water frequently enables the frog to eliminate the sugar and escape death.
3. That the formation of a peculiar variety of cataract is one of the most curious and striking signs attendant upon sugar poisoning.
4. That the production of cataract is due to the mechanical disturbances of the form and relative position and contents of the component tubes of the lens.

The author adds, that we have no knowledge of any such form of cataract in man; but as it has been observed that double cataracts, of a soft nature, rapidly form in the advanced stage of diabetes mellitus, it is not impossible that, beyond the general impairment of the nutritive functions common in this disease, the long-continued presence of a small quantity of sugar in the blood may cause in the crystalline lens osmotic changes productive of opacity.

Dr. B. W. Richardson.—*The Synthesis of Cataract.* Journ. de la Phys., 1860, July, p. 449; Oct., p. 645.

The author repeated and greatly extended Mitchell and Kunde's experiments on the artificial production of cataract, and the results obtained, in as far as sugar is concerned, are in perfect accord with those just cited. In the second part of his communication, which is unfinished, Richardson details a number of experiments that he made with mannite, liquorice, saccharine urine, glycerine, alcohol, and a number of saline substances. We cannot, however, at present say more than that sugar is not the only substance which causes the artificial formation of cataract, as the conclusions drawn by the author from the experiments are not yet published.

A. de Martini.—*On the Coloration of the Vision and of the Urine produced by Santonine. Employment of Santonine in Affections of the Eye.* Communicated by Flourens, Compt. Rend., p. 544, 12th March, 1860.

According to the observations of De Martini, santonine, taken internally, causes the majority of persons to see everything tinged green; some, however, have the field of vision blue; while to a still smaller number the field of vision appears of a straw-yellow colour.

The author has studied the effects of santonine in diseases of the visual organs, and relates the following cases:

1. On administering santonine to a woman, æt. 70, who saw things very indistinctly with the left eye, he found that from four to eight grains, given daily, greatly improved the visual powers, although the medicine at the same time made everything appear yellow.
2. To another patient, suffering from amaurosis, the author administered santonine with benefit; but in a third case the advantage of the drug was more visible still.
3. The patient was a man who had entirely lost the right, and who

saw almost nothing with the left, eye (amaurosis). After taking ten grains of santonine daily for the space of a week, this man was able to read words written in large characters upon the wall.

Guépin adds the following remarks ('Compt. Rend.,' p. 794, 1860) on the preceding communication:—Santonine becomes yellow when exposed to the light, as well as in the animal economy. The author administered the drug to upwards of seventy patients, and found that, (1) as a general rule, the urine becomes coloured, and the patients see objects yellow after the second dose. (2) In some patients the urine continues coloured even after the derangement of vision has passed away. (3) In those patients affected with atrophy of the arteries of the retina, as well as in those suffering from subacute choroiditis, with absorption of pigment, the yellow coloration of vision is not observed. (4) In certain of the latter cases objects, on the contrary, appear whitish.

(5) In almost all the cases of cured acute choroiditis, with the exudation more or less coloured, santonine improved the vision. (6) In these cases it generally caused headache. (7) In patients who have formerly suffered from iritis, simple or with choroiditis and exudation, santonine is usually beneficial; the powers of vision increase, without, however, the exudation diminishing. (8) In some cases santonine causes slight inclination to vomit. (9) In certain diseases of the eye (not mentioned) santonine is hurtful.

H. Aubert.—*On the After-images produced by the Electric Spark.* Moleschott's Unters., vol. v, p. 279. Canst., vol. i, p. 86.

The author investigated the ocular spectra which succeed the image of the electric spark. (1) These *secondary* or *after*-images (Nachbilder) vary as the spark is viewed in a light or in a dark room, and as its image falls in a direction more or less parallel to the optic axis. (2) In daylight the spark is of a sky-blue colour; viewed an hour before sunset, it leaves a vivid, blueish-violet streak, narrower than the original image, becoming encircled with a yellow areola, and passing successively into pure violet, red, orange, yellow, white, and, finally, sap-green, till it and the halo vanish. (3) If the sight be fixed on black velvet, the after-image is first blue, like the spark, then changes to violet, red, black, and green, the yellow areola being larger than in the first case. (4) In a dark chamber the spark appears as a bright spot of a blueish- or yellowish-white, becoming surrounded with a reddish-green halo. (5) After its transit a blue nebula, environed by one of a reddish-yellow hue, is seen, the latter extending rapidly inwards, whilst the central tract becomes clearer and more vivid. A red areola, changing to a reddish or greenish-yellow, is then produced. A black ring subsequently separates it from the central tract, which becomes yellow and then white. (6) Side objects disappear during the greater part of the continuance of the after-image, showing that portions of the retina not impinged upon are sympathetically excited. (7) When the spark is seen through red glass, we have a positive complementary or bright-green after-image. (8) When the eyes are fixed on coloured objects, the after-images are positive; with colourless objects they are negative.

Alf. Graefe.—*Contribution to our Knowledge of the Influence which Excitement of Non-identical Spots of the Retina exercises upon the Adjustment of the Visual Axes.* Graefe's Arch. f. Ophth., vol. v, p. 127. Canst., vol. i, p. 87.

In a case where disease about the limbus luteus abolished central vision of the right eye, slight divergence of that eye was discovered. If the left eye was fixed on a distant candle, and a prism placed before it with the base directed outwards, the left eye rolled inwards, while the right one deviated outwards, and then returned to its former position; convergence thus occurred as in binocular vision, although the right eye perceived no image. The supposition that at first an excentric spot of the right eye produced an image, and that the effort to obviate the double image provoked the inward movement, was confirmed by interposing the prism with the base outwards before the diseased eye, which then moved inwards. Thus, whereas normally the combination of identical points of the retinæ produces single vision, it was here attained by the conjunction of non-identical sensitive and insensitive spots. It is true that the patient was unconscious of a double image when the prism was placed before the diseased eye in the last experiment. Yet, when he gazed at a flame, and the sound eye was then covered, the flame was lost sight of, to reappear at once on replacement of the prism as before.

HEARING.

BONNAFONT.—*Memoir on the Anatomy and Physiology of the Ossicula Auditus and Membrana Tympani.* Paris, 1859, 8vo.

Prof. H. HELMHOLTZ.—*On the Physical Cause of Concord and Discord.* Amtl. Ber. der 34. Vers. der deutschen Naturf., 1859, p. 157. Canst., vol. i, p. 88.

The author regards concord as a continuous, and discord as an intermittent, sensation of tone. A musical tone corresponds to an aërial movement, in which the compression or velocity of the air at a particular spot may be represented by a La Grange's series [$A_1 \sin (2 \pi n t + C_1) + A_2 \sin (4 \pi n t + C_2) + A_3 \sin (6 \pi n t + C_3)$ . . . . where n = number of vibrations, t = the time, $n . A n . C$ = constants].

Helmholtz offers the hypothesis that the elastic appendages of each termination of an auditory nerve-fibre are destined for a determinate tone, a theory which would explain how the individual tones of a concord are recognised.

TASTING.

A. DRIELSMA.—*Inquiry into the Seat of the Sense of Taste.* Groningen, 1859, 8vo. Canst., vol. i, p. 89.

In this dissertation the author gives an account of the opinions which have been entertained on this subject, and then describes a series of careful observations made on six persons with solutions of tartaric acid, common salt, sugar and sulphate of quinine. It hence results that, in perfection of special sensibility, the different regions rank in the following order—1st, the root of the tongue; 2d, soft palate and uvula; 3d, superior margin of the tongue; 4th, tip of its inferior surface; 5th, inferior surface generally; 6th, tip of the superior surface; 7th, hard palate and middle of superior surface of tongue. The gums and inner surface of the lips do not possess the sense of taste.

KLAATSCH and A. STICH.—*On Feeling in the Mouth, with Particular Reference to Taste.* Virchow's Arch., vol. xvii, p. 80. Canst., vol. i, p. 90.

The apex of the tongue possesses the greatest delicacy of touch; the sense diminishes rapidly on the lower, but slowly on the upper, surface of the organ. The labial mucous membrane, the root of the tongue, the hard palate, and the gums, are all nearly equally obtuse. The authors tried whether the regions of taste differed from the other surfaces of the mouth in their perception of objects of touch. Oil of turpentine caused burning on the apex of the tongue in five seconds, still sooner about the epiglottis, on the surface and root in twenty, on the soft palate in forty or fifty, and inside the lips and cheeks and on the hard palate in one minute. Applied to spots where taste exists, the oil is *tasted* considerably sooner than it is *felt*. The velum palati is more sensitive to cold than any other part of the mouth. These facts show that delicacy of the taste bears no relation to the acuteness of common sensation possessed by the same spot.

SMELLING.

OWSJANNIKOW.—*Microscopic Researches on the Olfactory Lobes of Mammalia.* Compt. Rend., 27th Feb., 1860, p. 428.

EDM. SIMON.—*The Lymphatics of the Schneiderian Membrane of Man.* Gaz. de Par., vol. ii, p. 159, 1860.

DR. HOYER.—*On the Microscopical Structure of the Nasal Mucous Membrane.* Arch. f. Anat. u. Phys., p. 50, 1860.

In the mucous membrane of the nose of mammalia and frogs there are two parts, differing from each other in structure and function. In man the difference is much less marked than in some other animals.

1. The mucous membrane in the neighbourhood of the olfactory nerve is covered with long, small, cylindrical epithelium-cells, which in mammalia are non-ciliated. In the frog, on the other hand, these cells are covered with long, fine cilia. This portion of the mucous membrane contains a number of gland-follicles (Bowman's glands), lined with yellow, polygonal, granular cells. In the frog there are also glandular follicles, somewhat flask-shaped, and filled with round cells.

2. The rest of the nasal mucous membrane is covered with short, broad, ciliated, cylindrical cells, which form but a single layer. It possesses also a number of gland-follicles, lined with cylindrical epithelium. On one occasion the author found a number of glands, not at all unlike sweat-glands, in the mucous membrane of the human nose. The structure of the stroma of the mucous membrane is the same in all parts of the nasal cavity. The olfactory nerve has a somewhat peculiar texture. Its fibres are isolated with extreme difficulty, and when perfectly fresh contain a uniform, slightly granular, grayish-white substance. On the addition of acetic acid a great number of oblong nuclei, tolerably regularly distributed, come into view. The nuclei lie, in general, parallel with the nerve-fibres.

FEELING.

W. KRAUSE.—*The Terminal Corpuscles of the Nerves of Common Sensibility.* Hannover, 1860, 8vo. pp. 176.

On the function of the author's terminal corpuscles, and the Pacinian bodies.

Prof. G. MEISSNER.—*Researches on the Sense of Touch.* Henle's u. Pfeufer's Zeitschr., 3d series, vol. vii, p. 92. Canst., vol. i, p. 90.

When the hand is immersed in water or mercury, it is insensible to an amount of pressure that would be keenly felt in the air. This the author attributes to the circumstance that the liquid in which the hand is immersed presses uniformly, and a solid unequally, upon the furrowed surface of the skin. He refers the difference, not to increased tension, but to molecular oscillation. The tactile corpuscles sustain a succession of impulses directed in the experiment with quicksilver towards their bases, and as pressure in this instance is not perceived, it is concluded that such action directed perpendicularly does not affect the ends of the nerves. Wind blowing perpendicularly against the hand produces no sensation of contact, but an oblique stream from a blowpipe does.

RESPIRATORY SYSTEM.

L. P. Frappier.—*Mechanical Influence of the Respiration on the Circulation and on Certain Organs.* Paris, 1859, 4to.

A. T. H. Waters.—*On the Anatomy of the Human Lung.* Pamphlet, pp. 233.

This essay obtained the Fothergillian Medal of the London Medical Society. The following is the author's summary of his labours:

The lungs consist of two portions—1. That which constitutes the *convective channels,* by means of which the air is carried to and from the true respiratory portion. 2. *The true respiratory portion*—that in which the process of respiration is carried on. 3. The first portion is formed of the trachea, the bronchi, and the bronchial tubes. 4. The second portion is formed of the terminal dilatations of the bronchial tubes, together with a number of tubes given off from them, to which the name of air-sacs has been given, to each assemblage of which the term lobulette has been applied; the terminal dilatation of the bronchial tube is, in fact, but the commencement of the lobulette, or the *point de réunion* of the various air-sacs. 5. The convective channels consist of cartilaginous rings, muscular and fibrous tissue, and a mucous membrane, which is lined by a columnar, ciliated epithelium. 6. The respiratory portion presents on the parietes of the parts of which it is composed a number of depressions, to which the term alveoli has been given; these alveoli exist in the air-sacs and in the terminal dilatation of the bronchial tubes, and in some animals in the ultimate bronchial tubes, previous to their dilatation. 7. The air-sacs and the alveolated portion of the bronchial tubes are lined by a variety of the pavement epithelium. 8. The pulmonary artery distributes its blood to the respiratory portion of the lungs. 9. The pulmonary veins return the blood which has been distributed by the pulmonary artery. 10. The ultimate branches of the pulmonary artery in the air-sacs form the nutritious vessels of the respiratory portion of the lungs. 11. The bronchial arteries distribute their blood to the bronchi, the bronchial tubes, the vessels and areolar tissue of the lungs; the branches that enter the lungs pour their contents into the pulmonary veins. 12. The bronchial veins return the blood which is distributed to the structures about the roots of the lungs. 13. The lymphatic vessels of the lungs form two sets, a superficial and deep. The former are found at the surface of the lungs; the latter chiefly accompany the bronchial tubes. 14. The nerves of the lungs are derived from the pneumogastric and sympathetic; branches are distributed chiefly to the bronchial tubes, but some pass to the blood-vessels and to the surface of the lungs; some apparently are lost in the pulmonary tissue. 15. The air-sacs exist fully developed in the fœtal lung before birth.

In the 'British Medical Journal' of the 24th November, p. 911, will be found an article by the same author, entitled "Observations on the Morbid Anatomy, Pathology, and Determining Cause of Emphysema of the Lungs," in which he gives woodcuts of the terminal bronchial tubes and air-sacs of healthy human lung.

Prof. Jac. Moleschott.—*The Muscular Fibres of the Air-vesicles of the Lungs.* Wien. Med. Wchnschr., No. 52, 1859. Schmidt, vol. 106, p. 281.

Since 1845, when Moleschott first published his discovery of muscular fibres in the walls of the air-vesicles, several observers have investigated the subject; and while some have confirmed, others have denied, the correctness of his observations. The author has therefore repeated his examination, and by treating the lung with acetic acid somewhat in the way described at p. 27, has been able to satisfy himself of their existence in the lung of the pig, ox, and man. The muscular fibres are most numerous in the lungs of the pig, least numerous in those of man; the reverse is the case with the elastic fibrous tissue.

Dr. James Newton Heale.—*On the Physiological Anatomy of the Lungs.* Proc. Roy. Soc., No. 41, p. 645.

The arrangement observed, says our author, in the divisions and subdivisions of the bronchial tubes in the human lung, is that of a panicle. There is everywhere throughout the lung to be distinguished a straight, diminishing tube, from which lesser tubes are alternately given off; the lesser tubes, in their turn, observe a similar plan of distribution, and even the smallest tubes, down to their ultimate terminations, are governed by the same system. There is nowhere to be found a true dichotomous or trichotomous division. The distinction between bronchial tube and parenchyma is marked and very decisive in an injected fragment, however small, when examined with the microscope. When the bronchial tubes have reached their penultimate terminations, the coats which form their perimeters split into two layers. The outer, which is tougher, thicker, and more fibrous, expands and encloses an ultimate portion of the parenchyma. To these portions of the lung the author gives the name of "leaflets." The outer coat of the bronchial tube, by being spread out in the leaflets, becomes continuous with the general parenchyma of the lungs. The inner portion of the tube immediately divides into numerous minute tubes—"pedicels." Each pedicel goes to a different leaflet, but each leaflet receives several pedicels. A minute anastomosis is thereby established between the terminations of the different bronchial tubes.

The interior of all the bronchial tubes is marked with "rugæ," which show the direction of the bundles of longitudinal contractile fibres. The longitudinal are surrounded by circular fibres, and by the contraction of the latter the rugæ are formed.

The author says that there are no such things as "alveoli" belonging to the tube.

The bronchial artery supplies the following structures:

1. The cellular tissue, lymphatic glands, the coats of pulmonary vessels, neurilemma, &c.

2. The fibro-cartilaginous and fibrous portion of the bronchial tubes; some minute capillaries, derived from these, extend into the mucous membrane, but do not in any way anastomose with the proper vascular plexus belonging to this structure.

3. The bronchial artery supplies the walls and processes of the leaflets with arterial blood.

4. Some small branches arrive at the surface of the lungs, and anastomose freely with other branches of the same artery in the sub-pleural cellular tissue.

The bronchial artery forms no sort of anastomosis with the pulmonary system in any part of the lungs.

The bronchial veins are of two sorts—one forms a free system of inosculation on the surface of the lungs, the other in the loose cellular tissue surrounding the bronchial tubes. They both have valves, and large intercommunicating trunks, &c.

L. Mandl.—*Researches on Pulmonary Osmose.* Compt. Rend., p. 645, 26th March, 1860.

1. The life of animals breathing by gills is destroyed by the presence of a certain quantity of saccharine matter in the medium they inhabit.

2. The rapidity of death depends on the species of animal and the kind and quantity of saccharine substance present.

3. Infusoria die instantly in water containing one fifth part of sugar, glucose, glycerine, or mannite; they live four or five minutes in a concentrated solution of milk sugar. They perish in from six to eight minutes in water containing one twenty-fifth of mannite, whereas they live three times as long in a solution of cane sugar of the same strength.

4. Numerous experiments on many different kinds of animals led the author to the opinion that in the above-named cases death is not due to an absence of air, or to fermentation, or to a chemical action on the blood, but simply to the osmotic powers of the saccharine matters.

Many physiological and pathological phenomena are explained by the osmotic powers of saccharine matter. Thus, the thirst excited after the ingestion of sugar, by absorbing the water of the tissues with which it comes in contact; the antiseptic properties of sugar, by arresting the development of organized beings; the digestive properties of small quantities of sugar, by exciting the flow of gastric juice; while, on the other hand, the introduction of large quantities into the blood, increases its osmotic power, and explains the advantage of sugar in dropsies. The excess of sugar in all the tissues also explains the constant thirst of diabetic patients, the impossibility of any serous accumulation, and perhaps, also, by the arrest of the circulation, the gangrene which is occasionally observed in this affection.

N. Gréhaut.—*On the Vital Capacity of the Human Lungs.* Compt. Rend., July, 1860, p. 21.

Dr. T. Graham Balfour.—*Contribution to the Study of Spirometry.* Trans. Med. and Chir. Soc., p. 263. Med. Times and Gaz., 4th Aug., p. 119.

The author's researches confirm the observations on the vital capacity of the lungs published by Hutchinson in 1846. Balfour gives the results of the measurements, by the spirometer, of the recruits, 1126 in number, enlisted into the Grenadier Guards between October, 1848, and March, 1853, with the mortality and invaliding among them from the dates of their enlistment till the end of March, 1854. After certain corrections pointed out by the author as necessary to render a comparison accurate, the results of the measurements in the Guards are almost identical with those made by Hutchinson, as will be seen by the following summary showing the average "vital capacity" of men of different heights:

—		Height of Grenadier Guards.				
		5ft. 8in.	5ft. 9in.	5ft. 10in.	5ft. 11in.	6ft.
Vital capacity	Balfour ...	231.5	239.8	245.6	251.5	258.9
	Hutchinson	231.5	240.5	245.5	252.0	258.8

Balfour says that the identity of these results is very remarkable, and may fairly be accepted as evidence of their accuracy. He next examines the question whether a low vital capacity may be taken as an indication either of a tendency to pulmonary disease, or of a feeble constitution, rendering the individuals liable to a high rate of mortality. To test this, the men were divided into three classes, according to the extent of their vital capacity, and the mortality in each class traced. The results show a most remarkable coincidence in the mortality of the three classes, the difference amounting only to 0.6 per 1000 in favour of men having a vital capacity above the average. But a different result was obtained in regard to the men discharged as invalids, the number who became non-effective being much greater amongst those having a vital capacity below the average than in the other two classes. The author next discusses the value of the spirometer in the selection of recruits, as indicating the men having a tendency to pulmonary disease, and points out the necessity, in such an investigation, of including the total loss arising from consumption, both by death and invaliding. The results showed that this loss is much greater among the men having a vital capacity equal to or above the average. Balfour concludes that a vital capacity below the average may be considered rather as indicating a generally feeble organization, less capable of resisting the deteriorating influences to which a soldier is exposed, than as evidence that a definitive relation exists between the vital capacity and a tendency to pulmonary consumption. While pointing out some practical objections to the employment of the spirometer in testing recruits, the author admits that its indications, combined with a careful stethoscopic examination, would be of value to the inspecting officer. Lastly, he concurs with Hutchinson as to the practical value of the spirometer to medical referees of life assurance offices.

McLaren.—*On the Value of Exercise on the Expansion of the Chest.* Meeting of Brit. Assoc., Oxford. Lancet, 7th July.

McLaren states that, by systematised exercise in the gymnasium, two inches' increase of expansion of the chest is obtained by every freshman in three months after his arrival at Oxford.

R. L. Bowles.—*Observations on Stertor, and on the Varying Conditions upon which it is dependent, with the Treatment necessary to its Relief.* Trans. Roy. Med. and Chir. Soc., 1860, p. 41.

Bowles finds from experiment that, in the majority of instances, stertor arises from one of three conditions:—1st. Paralysis of the velum palati. 2d. From the paralysed tongue falling back in the throat. 3d. From the presence of mucus in the pharynx and air-passages. The position of the body invariably influences the relations of the tongue; in the prone position the tongue falls forwards and away from the pharynx, whereas when the body is supine it falls back towards the pharynx, and forms a serious obstacle to the passage of air into or out of the trachea. In the supine position it is also observed that mucus or fluid ejected from the stomach remains in the back of the pharynx, while in the prone position it drains away by the mouth. From cases of disease which the author has witnessed he is led to believe—1st, that the paralysed tongue *may*, under certain circumstances, cause death by suffocation; 2d, that stertor arises from the tongue falling back in the supine position of the body, and offering a serious impediment to the respiration; 3d, that mucus (another respiratory impediment) drains away when the patient is placed on the side; and 4th, that great improvement in the symptoms follows the establishment of easy breathing in the lateral position.

From an examination of the anatomy of the pharynx, the author concludes that, when the mouth is closed, the tongue cannot, in the majority of cases, reach the back of the pharynx; but when the jaw drops, the angle of the jaw describes the arc of a circle, and approaches very nearly to the spine, thus allowing the tongue to come in contact with the posterior wall of the pharynx. If the chin be bent upon the sternum by raising the head with pillows, the tongue will lie in dangerous proximity to the pharynx, even if the mouth be closed. Stertor is divided by the author into three varieties:

1st. *Palatine stertor.*—In this, if the mouth be closed, the soft palate is pushed upwards and backwards by the base of the tongue, and thus narrows the opening between the palate and posterior wall of the pharynx. If the mouth be partially open, sometimes the velum palati drops upon the tongue, and vibrates as the air rushes between it and the tongue.

2d. *Pharyngeal stertor*, which is the most frequent in apoplexy, and by far the most dangerous. This variety depends upon the base of the tongue dropping back into the pharynx, and acting as a serious impediment to the passage of air; it occurs when the mouth is wide open, and is a harsher and sharper noise than either of the other varieties.

3d. *Mucous stertor*, which depends upon the presence of mucus in the bronchial tubes; it may exist alone, or in combination with either of the preceding varieties.

J. H. S. Beau.—*Experiments on Death by Submersion.* Compt. Rend., p. 1019, 4th June, 1860.

The *first series of experiments* was made with the view of ascertaining the principal phenomena which characterise this mode of death. A small dog was put into a vessel filled with water, and at the moment of its submersion it made a rapid inspiration of water, which was immediately followed by a jerking expiration, accompanied by the expulsion of a considerable quantity of air. From this instant no further respiratory movements were observed. The animal moved about, but neither inspired nor expired. At the end of four or five minutes it was dead. On examination the lips were found closed, the glottis shut, and there was only a small quantity of water in the bronchi.

In the *second series of experiments*, a small opening was made in the trachea, and a canula inserted into it. No sooner was the animal submerged than it inspired, and a quantity of water penetrated into its chest. It immediately coughed, and a number of air-bubbles escaped by the canula and by the mouth. From this moment the animal made no further attempts at respiration. On dissection, a small quantity of frothy water was found in the lower parts of the bronchi, as in the first series of experiments.

In a *third series of experiments*, a canula was inserted in the trachea as before, and the animal entirely submerged, except the head, which was held out of the water. Scarcely had immersion been completed, when the animal inspired, and the water entered through the canula into the lungs. A violent expiration followed, carrying with it a quantity of air and water, and then respiration ceased. In a few seconds respiration recommenced, and continued calmly for some time, less and less air appearing at each expiration, till at length merely water was expelled, and the animal died. On examination the trachea and bronchi were found literally filled with water, without any air.

Reflections.—In death by drowning, the animal closes the mouth and glottis, in order to prevent the water from entering the lungs, even when there is a direct communication between the trachea and the water; but if the natural respiratory orifices are not submerged, the animal makes no such effort. It appears, therefore, that the closure of the mouth and glottis, as well as the arrest of respiration, is, in ordinary cases of death by drowning, due to reflex action. The small quantity of frothy water which is usually found in the trachea after death is that which accidentally entered with the first abrupt respiratory effort. The author concludes his remarks by stating that death by drowning has a very close resemblance to death resulting from tetanic spasm of the respiratory muscles.

Dr. SALTER.—*The Nature and Cause of the Respiratory Murmur.* Lancet, 10th Nov., p. 462.

Salter expresses the opinions at which he has arrived in the following summary:—1st. That the air-cells are structurally incapable of producing a respiratory murmur by their slight dilatation. 2d. That the respiratory murmur is essentially a fine-tube sound. 3d. That the lobular passages and ultimate bronchial radicles are probably its immediate seat. 4th. That while the lung-parenchyma, from its heterogeneous constitution, completely muffles all sound, the unbroken column of air in the bronchial tree is an excellent conductor; that thus the respiratory murmur has a double cause, and is in part the result of air- and wall-friction at the spot, and in part the bronchial sound of the larger tubes (although essentially modified) conducted by the unbroken column of air to the ultimate bronchial twigs. 5th. That the restriction of the sound to inspiration (excess of inspiratory over expiratory sound) depends mainly on convection, but probably also in part on the great amount of air-and-wall friction produced by the impact of the air at the points where the tubes divaricate.

H. C. L. BARKOW.—*On Congenital Hyperoxidation of the Blood.* In den Beiträgen zur pathol. Entwicklungsgeschichte, Abtheil. iii, Breslaw, 1859, fol. 5, p. 46. Canst., vol. i, p. 39.

In a man about forty or fifty years of age, the author observed the left innominate vein, after receiving the large superior left pulmonary vein, divide into the left internal jugular and subclavian. The right pulmonary veins opened normally into the left auricle, as did also the left inferior pulmonary vein. In this case oxygenated blood mingled with the dark blood from the right side of the heart, yet, as the greater portion of the blood held a normal course, life was not imperilled by the abnormal arrangement. In the case of a new-born child, the left auricle received no pulmonary veins, the left common pulmonary vein joining the left innominate, and the right one coursing outside the pericardium to join a left pulmonary, and finally be lost in the common pulmonary vein. Here the overloading of the right heart with blood caused dilatation of the foramen ovale and ductus Botalli. But as a great deal of the arterial blood reached the vena cava, and so regained the respiratory apparatus, the "hyperoxidised" blood, according to the author, soon became incapable of sustaining life.

AEM. KNAUT.—*On the so-called Vital Contractility of the Lungs after Irritation of the Vagi.* Dorpat, 1859, 8vo. Canst., vol. i, p. 104.

Experiments on a pup, and on cats and rabbits, proved the contractility of the pulmonary tissue, and its dependence on the vagi. The assumption that electric irritation of the vagi relaxes the muscular fibres of the lung is refuted by the author. Irritability of the pulmonary tissue disappears very soon after death, so that frequently no positive results are to be obtained with a manometer in the larynx, unless the operation be immediately performed. The elastic pressure seems, on an average, to bear the relation of 3 : 2 to the contractile pressure.

BUDGE.—*On the Influence of Irritation of the Vagus Nerve on Respiration.* Virchow's Arch., vol. xvi, p. 433. Canst., vol. i, p. 104.

The experiments were performed in order to ascertain whether the pause in the respiration which occurs when the vagi are galvanized happens during inspiration or during expiration. 1. Weak or strong excitation of the central portion of a vagus nerve always leads to an expiratory movement, though in many instances this is preceded by inspiration. The latter is less than natural, whilst the former is greater. 2. The degree of irritation determines whether respiration shall cease or continue. If it continues, the inspirations always diminish in depth. Budge assumes that there are two centres of respiration in the medulla oblongata—one governing the inspiratory nerves, the other, which might be called centrum nervorum vagorum, presiding over expiration. They develop opposite forces. 3. If the pneumogastric-centre, or the central portions of one or both vagi, be irritated, the expiratory muscles are stimulated by reflex action, and the centre of the inspiratory movements becomes crippled. 4. If the latter is not fully overcome, the inspirations become less deep, but more frequent. 5. When the irritation is so great that the inspiratory and expiratory centres are both paralysed, a pause occurs midway between the two respiratory acts.

F. HEGELMAYER.—*The Respiratory Movements in Cases of Compression of the Brain.* Heilbronn, 1859, 8vo. Canst., vol. i, p. 93.

Under Vierordt's superintendence, this inquirer observed, by means of the sphygmographion, the effects on the respiration of pressing the brain of rabbits trepanned for the occasion. (1) Moderate pressure reduces the frequency of respiration, sometimes to one half. On the discontinuance of the pressure, the previous, or even a greater, frequency in the respiration is immediately observed. (2) Very strong pressure increases the rate of respiration. (3) Section of the vagi does not remove these effects. (4) The variation in the *duration* of the respiratory acts is usually diminished, an effect which is not destroyed by dividing the vagi, nor does it seem to depend upon the inspirations, which vary more than natural if the vagi are uninjured. (5) Expiration is less frequent, longer, and more uniform in duration, results which are not affected by division of the vagi. (6) The inspiratory period being considered as 1, that of expiration is found, on an average, to be 1.22.

DIGESTIVE SYSTEM.

Prof. LUDWIG.—*On the Temperature of the Saliva.*—Wien. med. Wchnschr., No. 28, 1860.

W. BUSCH.—*Inquiries into the Physiology of the Digestive Organs.* Lo Sperimentale, Feb., 1859, p. 155.

E. BRÜCKE.—*Contribution to our Knowledge of Digestion.* Ber. d. Akad. Wien., vol. xxxv, p. 1. Canst., vol. i, p. 190. Schmidt, vol. 105, p. 145.

Brücke's researches were made with the view of ascertaining—(1) what influence the quantity of acid and of pepsin has on the time required for digestion; (2) if pepsin is formed during digestion; and (3) how the gastric juice is secreted.

Prof. J. MOLESCHOTT.—*Physiology of Alimentary Substances. A Manual of Dietetics.* 2d edition, thoroughly revised. Giessen, 1859, 8vo.

This repertory of chemico-physiological facts relating to food (combining original research with critical compilation), treats of digestion, absorption of chyle, of the blood, tissues, secretions, retrograde processes, and excretions; studies the effects of want of nourishment, the amount and kind of nourishment required, the various articles of food and drink employed; their different degrees of digestibility; and, lastly, the diet most suitable in health, disease, and convalescence.

The 355 tabulations which the work contains may be said to form a dictionary of the chemical constitution of the aliments, and of the animal fluids.

Prof. J. H. CORBETT.—*On the Deglutition of Alimentary Fluids.* Brit. Assoc. for the Advancement of Science, Oxford, 1860. Brit. Med. Journ., 21st July, p. 569.

In this paper the author endeavours to prove that there are two distinct forms of deglutition; that while the alimentary bolus is propelled with rapidity over the epiglottis, fluid can flow in two streams, one on each side of the epiglottis, without the danger incidental to its passage over the central aperture of the larynx. In experiments made on the dead body, the author observed that fluid poured upon the dorsum of the tongue passes backwards into the pharynx in two streams through the grooved passages situated at each side of the epiglottis and arytæno-epiglottidean folds.

In the living body, during the deglutition of fluids, the uvula falls forwards upon the tongue, in front of the epiglottis; and both the uvula and epiglottis afford protection to the respiratory apparatus. The fluid is divided by the uvula into two currents, which descend at each side under the half arches of the palate, and such is the principal use of the uvula.

The distinctness of the two forms of deglutition is also indicated by the fact that the mouth may be filled with food, and yet drink can be swallowed without displacement of the solid aliment.

BERNARD.—Lecture XI. *On the Parotid Gland.* Med. Times and Gaz., p. 362.

When speaking of the salivary glands, Bernard remarks, that well-marked salivation may be induced in animals by simply wounding certain parts of the floor of the fourth ventricle. When the wound is made in the mesial line, the flow of saliva is the same on both sides of the mouth; but if the cutting instrument chances to deviate to the right or to the left instead of acting directly in the median line, the least saliva flows on the wounded side. He also noticed that more saliva is furnished by the submaxillary than by the parotid gland. Salivation only occurs when the wound in the fourth ventricle includes the parts adjoining the origin of the fifth pair of nerves.

JULES CLOQUET.—*Observations on the Existence of a Salivary Calculus in a New-born Child.* Compt. Rend., p. 893, 14th May, 1860.

Cloquet begins by remarking that six months previously he had shown to the Academy a urinary calculus, extracted by Dr. Burdel from the prostatic region of a child immediately after birth; from the same gentleman Cloquet had received the salivary calculus, and the history of the case is,—a woman brought to Dr. Burdel her child, aged three weeks, because it had a difficulty in sucking, and on the doctor examining the child's mouth he found under the tongue a hard swelling, in the centre of which was the salivary calculus. The calculus was analysed by M. Fremy, and found to consist of tribasic phosphate of lime, along with a small quantity of organic matter, probably mucus. Cloquet thinks the case one of great importance, as it is impossible to suppose that the calculus had formed during the three weeks of extra-uterine life, and this is the first case ever recorded of a salivary calculus having been developed in a fœtus before birth.

Dr. HARLEY.—*Contribution to our Knowledge of Digestion.* Brit. and For. Quart., No. 49, Jan., 1860, p. 206.

The author found that, on an average, a healthy man secretes from one to two pounds of saliva in twenty-four hours, of a specific gravity of from 1.0039 to 1.0050, and of the following composition:

Water			99·331
Solids		0.669 :	
Ferment Albumen Casein Mucus	Organic		0·391
Chloride of Sodium Sulphate of Potash Sulphocyanide of Potassium Phosphate of Lime „ of Magnesia and Iron	Inorganic . .		0.278
			100.000

The salivary glands excrete some foreign substances from the blood as rapidly as the kidneys. Iodide of potassium, for example, was detected in the saliva and urine ten minutes after five grains in a state of solution had been swallowed.

The following is the result of an analysis of pure gastric juice obtained from a dog through a fistula in the stomach.

Water			97·288
Solids		2.712 :	
Organic matter, chiefly Pepsin . . .			2.247
Chloride of Sodium „ Potassium Phosphate of Lime „ Magnesia and Iron	Inorganic . .		0.465
			100.000

The author believes the quantity daily secreted by a healthy individual is equal to one fifteenth of his weight. To the question—why is the stomach not digested? the author replies, because the mucus covering the walls of the stomach prevents the gastric juice getting at them.

The pancreatic secretion has not only the power of transforming starch into sugar, and emulsifying fats, but also of digesting protein substances, as first stated by Pappenheim and Purkinje. This latter fact was more especially corroborated by putting hard-boiled white of egg into the empty duodenum of a cat, placing a ligature above and below, and after twenty hours sacrificing the animal. On examination, the portion of intestine included between the ligatures was found distended with fluid of a *slightly acid* reaction, having much the appearance of chyme without the intermixture of bile. No fragments of egg remained.

Dr. CORVISART (Paris).—*Remarks on a Critique of Dr. Brinton's on my Memoir on a little-known Function of the Pancreas.* Dub. Quart., vol. xxix, p. 66.

The author states that, in preparing an infusion of the pancreas for the purposes of study, it is necessary to avoid *crushing* the gland, agitating it frequently in water, or protracting the infusion beyond the period when the fluid becomes clouded. Turbidity shows that the pancreatic fluid is beginning to act upon the fatty matters of the gland itself. In this state the juice of the pancreas no longer exhibits any digestive action; and as these, says Corvisart, were the conditions under which Brinton performed his experiments, we can readily understand how he obtained such contradictory results. In order to experiment successfully, the gland must be taken from the animal in full digestion (five hours after a meal), and an infusion made from it as quickly as possible, for the pancreas is one of the organs most liable to putrefaction. One hour's infusion at 104° Fah. suffices to remove from the gland all its juice, and such an infusion will be found to act upon albumen very readily.

Prof. G. MEISSNER.—*Researches on the Digestion of Albuminous Substances.* Henle u. Pfeufer's Zeitschr., vol. vii, part 1, p. 1, 1859. Canst., vol. i, p. 28.

The author studied the changes produced in albuminous substances by the gastric and pancreatic juices. For the former he used a fluid of which 100 c.c. contained .002 to .004 gramme pepsin (commercial), and .08 to .2 per cent. hydrochloric acid. The digestion of albumen, casein, syntonin, gluten, and fibrin, produces, besides peptone, a substance which Meissner names parapeptone. It is obtained when a dilute solution of potash or soda is added to the acid solution of an albuminous substance in gastric juice till the acidity is very slight. It forms a flocculent precipitate, readily soluble in the smallest excess of acid or of alkali. Dried, it forms a whitish, pulverizable mass, insoluble in water, readily combining with acids and alkalies, and precipitable from their solutions by rectified spirit and ether, but not by absolute alcohol alone. If to a solution of parapeptone in muriatic acid be added a concentrated solution of chloride of sodium or potassium, a flocculent precipitate of muriate of parapeptone, easily soluble in water, is obtained.

The author proposes to employ therapeutically solutions of peptone, prepared by digesting the whites of three eggs, or half a pound of flesh, in 1000 c.c. of artificial gastric juice. The artificial gastric juice may be made by adding 2 c.c. hydrochloric acid, and 0.04 gramme pepsin to 1000 c.c. of water.

F. HÜNEFELD.—*On the Solubility of Albumen by Artificial Gastric Juice.* Greifswald, 1859, 8vo.

The author concludes, from a series of comparative experiments with hydrochloric, lactic, and acetic acids, separately added to artificial digestive fluid, that the hydrochloric acid acts most thoroughly and speedily, the acetic acid least so.

CHR. HEMPEL.—*On Rumination in Man.* Jena, 1859, 8vo.

Among the cases recorded by the author are five which he himself examined. (1) A gentleman, aged twenty-four, who had previously an inordinate appetite, and had often bolted his food unmasticated. The taking of exercise immediately after eating aggravated the affection, whilst emotional excitement controlled it. Abundant meals appeared to encourage the rumination, as did warm or vegetable nourishment. Dover's powder or lupulin lessened it, and appropriate diet entirely suppressed it.

(2) An epileptic patient, aged twenty-four, from his childhood ruminated salad, cabbage, and fat. Sulphate of iron, followed by tannin, with Tinc. Quin. Co., and, lastly, lupulin, were useful. (3) A man of twenty-two had for eight weeks returned his food, but was subsequently cured after using wormwood tea. (4) In a female of twenty-five the symptom was transitory. (5) The last case is that of a man who at first ruminated only after exercise, and the more readily the less the food was masticated. Mental excitement prevented it; bending the body forward greatly controlled it. The author regards the œsophagus as the original seat of rumination.

A. Dumur.—*On Rumination.* Lausanne, 1859, 8vo.

An exposition of all the phenomena that accompany rumination. The author particularly insists that the morbid variety differs essentially from that natural to the Ruminantia. He refers the former to paralysis of the abdominal portion of the œsophagus and cardiac region of the stomach.

H. Koebner.—*On the Changes undergone by Cane Sugar in the Alimentary Canal.* Breslaw, 1859, 8vo.

The conclusions the author arrived at are—1. Cane sugar undergoes no change when left from two to four days, at 104° Fah., in natural gastric juice obtained from a dog. 2. Neither is cane transformed into grape sugar in the living stomach. 3. Lactic acid may, after a time, be detected in a mixture of cane sugar, by means of bile which has been freed from mucus. 4. In the ileum cane is transformed into fruit sugar, at least the presence of the latter can be detected in the ileum by means of the polarizing apparatus. 5. Sugar is largely absorbed by the stomach, duodenum, and small intestines. 6. Cane sugar is partly transformed in the latter into lactic acid and fruit sugar. 7. In dogs and rabbits cane sugar occasionally passes unchanged from the intestines into the portal blood, and this is probably the reason why dogs fed on sugar excrete a smaller quantity of urea. 8. Cane sugar, even when eaten in quantity (by dogs), does not reappear in the urine; but, after a saccharine diet, the amount of uric acid appears to be increased.

Di Vintschgau.—*On the Period required for the Transformation of Starch into Dextrin and Sugar by the Action of the Saliva.* Venice, 1859, 8vo.

When boiled starch, rendered blue by the addition of iodine, was added drop by drop to saliva, the blue colour instantly vanished; whereas, when raw starch was employed, the colour disappeared more gradually. Sugar was traceable, the author states, in twelve seconds when the starch was boiled, but not before three minutes when it was unboiled. It may be inferred that starchy food commences to become dextrin and sugar even in the mouth, especially as many starchy substances are taken at a temperature of more than 100° Fah., and the saliva is itself two degrees warmer than arterial blood.

Prof. Bischoff (Munich).—*On the Nutrition of Man and other Animals.* Archiv. Gén. de Méd., Aug., 1860, p. 129.

After pointing out the value of the different kinds of food, Bischoff remarks that, if the nutritive material does not equal the loss sustained by the body in any given time, an immediate diminution in weight is the result. Consequently, if we desire to increase the strength of a man, or augment the bulk of any other animal, it is not sufficient merely to increase once for all the daily quantity of food taken; for no sooner does the volume of the body increase, than it requires a proportional and progressive augmentation of nutritive material, in order to keep it increasing.

At first, the increase in weight is rapid, but gradually, as the animal approaches its maximum of size, the daily amount becomes proportionally less, even in spite of a progressive augmentation of food. This arises from the animal being unable to assimilate the immense quantity of food that has become necessary to produce the increase.

The degree of the transformation of azotized tissues does not solely depend on the relative quantity of such matters in the body, for it is, to some extent, regulated by the amount of fat. When, for example, an animal poor in fat, but rich in muscle, is starved, the oxygen inspired acts chiefly upon the azotized tissues. Whereas, if the animal be poor in muscle, but rich in fat, the oxygen combines freely with the latter, causing scarcely any transformation to take place in the former. It is a well-known fact that fat men and other animals, when not required to make any violent muscular exertion, support fasting very much better than lean individuals. It is their fat, the author says, which hinders the unnecessary transformation of the azotized constituents of the frame. The same changes that occur in starved animals also take place in those that are insufficiently nourished. A fat animal requires less food than a lean one, in order to exert a given amount of power. In the former the fat prevents the decomposition of the muscles, whereas in the latter the decomposition is very considerable, and consequently a greater amount of azotized materials is required for its repair. At the same time it must be admitted that the fat animal loses some of its adipose tissue. See also Bischoff's work on the 'Laws of Nutrition in Carnivorous Animals.' Leipsic, 1860.

LIVER.

Prof. E. WAGNER.—*Contribution to the Normal Structure of the Liver.* Archiv d. Heilk., vol. 1, part 3, p. 251, 1860.

For information on the course of the bile-ducts, see a paper by Prof. Jul. Budge, in the Archiv f. Anat. u. Phys., 1859, p. 642.

Dr. R. M'DONNELL.—*On the Formation of Sugar and Amyloid Substance in the Animal Economy.* Dub. Hosp. Gaz., May 15th, p. 145.

The author puts the question—Is the liver endowed with the power of converting amyloid substance into sugar during life, and health? In order to elucidate this question, he withdrew, by means of a catheter, blood from the right side of the heart in the living animal, and the results were—

1st. In twelve experiments made on dogs, for some weeks before fed exclusively on meat, traces of sugar were found in the blood in five; there was no sugar found in the blood of the remaining seven.

2d. In four rabbits, fed on boiled eggs, meat, and butter, for some days, no sugar was detected in the blood drawn from the right side of the heart.

3d. In three dogs, fed on mixed diet, and three rabbits, fed on carrots, potatoes, &c., sugar was found in the blood of the right side of the heart, and in equal quantity in blood from the carotid.

4th. In three rabbits, fed on vegetables, sugar was found in the blood withdrawn during life from the right side of the heart; but double, and in one instance more than treble, the amount was found in the blood removed from the same locality after the animals were killed.

Hence, says M'Donnell, one seems in some degree justified in concluding that in vegetable-eating animals the blood is normally saccharine; but that the liver does not form and pour out into the blood of the hepatic vessels sugar specially derived from the transformation of the amyloid substance.

Berthelot and De Luca.—*Researches on Sugar formed from Hepatic Glucogene.* Compt. Rend., vol. xlix, p. 213.

By combining liver sugar with chloride of sodium (common salt), Berthelot and De Luca have succeeded in obtaining large, colourless, transparent crystals, the watery solution of which ferments with yeast, and reduces the oxide of copper. The composition of the crystals, as ascertained by analysis, is represented by the accompanying formula—

$$2C_{12}H_{12}O_{12}, 2HO + NaCl.$$

The authors conclude therefrom that liver sugar is not only exactly the same as that found in diabetic urine, but also that it is identical with the sugar of the grape.

Dr. Harley.—*On the Saccharine Function of the Liver.* Proc. Roy. Soc., No. 38, p. 289. Lancet, 20th October, p. 386.

Harley relates a number of experiments which he performed along with Sharpey on animals, under a variety of different conditions. The results obtained, he says, prove that, if proper precautions be taken, sugar may always be detected in the blood of a healthy animal during digestion, and that the liver is *one* of the seats of its formation. The author sums up his results in the following terms:

1. Sugar is a normal constituent of the blood of the general circulation. 2. The portal blood of an animal fed on *mixed* diet contains sugar. 3. The portal blood of a *fasting* animal, as well as of an animal fed solely on *flesh*, is devoid of sugar. 4. The livers of healthy dogs contain sugar, whether their diet be animal or vegetable. 5. Under favorable circumstances, and with proper precautions, saccharine matter may be found in the liver of an animal (a dog) after three entire days' rigid fasting. 6. The sugar found in the bodies of animals fed on *mixed* diet is partly derived directly from the food, partly formed in the liver. 7. The livers of animals restricted to flesh diet possess the power of forming glucogene, which glucogene is, at least in part, transformed into sugar in the liver. 8. As sugar is found in the liver at the moment of death (even when the plan of freezing it has been strictly attended to), its presence cannot properly be ascribed to a post-mortem change, but is to be regarded as the result of a natural condition.

Bernard.—*On the Glucogene of the Liver.* L'Union Méd., No. 35, p. 554, 1859.

Bernard speaks (1) of the discovery of glucogene; (2) of the mode of preparing it; (3) of its varieties in different classes of animals; (4) of its properties; and (5), of its origin.

In the class mammalia, the proportion of glucogene in the liver is greater in small than in large animals. From the livers of birds it rapidly disappears after death, while it remains for a long time in the livers of cold-blooded animals, such, for example, as frogs and fish; this is specially remarkable in the liver of the ray, which may be permitted to putrefy without the glucogene disappearing. The liver of the ray is alkaline, and evolves ammonia, and it is the alkali most probably which hinders the glucogene from passing into sugar. The livers of birds, in which the transformation of glucogene takes place very rapidly, are frequently acid. Glucogene has been discovered by Bernard in the oyster and in insects, and he thinks it may likewise be found in the crustacea.

Glucogene behaves exactly like vegetable starch; having nearly the same reactions and composition. It is transformed into sugar by means of vegetable and animal ferments, by sulphuric and hydrochloric acids. Nitric acid changes it into a kind of gum and mucic acid. Glucogene does not reduce the oxide of copper. Iodine immediately gives with it a red colour, not first a blue, then violet, and lastly red, in which respect it differs from vegetable starch. Bernard thinks, however, this difference in the reaction of these two substances is entirely due to a slight change the glucogene has undergone during the process of extraction from the liver.

With respect to the origin of glucogene, Bernard remarks that it is impossible for us any longer to say that it is the product of the vegetable starch taken as food, for the livers of animals that have been for months strictly confined to a diet of boiled flesh contain it, and it is well known that boiled muscle contains neither starch nor sugar.

The following experiments were instituted with the view of discovering the source of hepatic glucogene. Two dogs, of about the same size, were kept during eight days without food or drink of any kind. At the end of this period, one received every two days about an ounce of fat and about ten ounces of water; the other, the same weight of gelatin, and a similar quantity of water. Neither the fat nor the gelatin contained any sugar. In eight days, two hours after being fed, the animals were killed by section of the medulla oblongata. The lacteals of the dog fed with fat contained a milky fluid, while in those of the other dog the fluid was clear and transparent. In the liver of the animal fed on gelatin abundance of glucogene was found, while in that of the one fed on fat neither glucogene nor sugar could be detected. Hence it appears that the animal organism can prepare glucogene from gelatin, but not from fat.

In a second series of experiments on two other dogs, which had in a similar manner fasted during eight days, Bernard administered to one of them from about seven to ten ounces of well-washed ox-fibrin (blood ?), and to the other an equal quantity of vegetable starch. At the end of eight days, when the animals were killed, plenty of glucogene was found in the liver of the dog fed on fibrin, and none in that of the animal fed on starch. So it would appear that the source of the glucogene in the animal economy is not to be looked for in the starch of the vegetable kingdom.

Dr. Pavy.—*On the Alleged Sugar-forming Function of the Liver.* Proc. Roy. Soc., No. 40, p. 528.

This communication is an abridgment of a paper bearing the same title presented by the author in 1858, with some additional matter. He says that, although blood collected from the right side of the heart after death contains abundance of sugar, yet when the blood is removed from the same part during life, it contains only a trace of sugar. As regards the liver, the author says, if it contains any sugar at the moment of death, it is only to the extent of the merest trace. The glucogene which is formed in the liver, although most susceptible of undergoing transformation into sugar when in contact with a ferment, resists, he thinks, this kind of transformation under natural circumstances during life.

In the transformation of glucogene into sugar in the liver after death, the average of four analyses gave a loss of one part and a half of that substance for the production of one part of sugar.

See also the author's Lettsomian Lectures in the 'Lancet.' November and December, pp. 503, 529, 555, 579, 607, and 629.

C. SCHMIDT (Dorpat).—*On the presence of Sugar in the Blood of the Portal Vein, and in that of the Sub-hepatic Veins.* Compt. Rend., vol. xlix, p. 63.

Schmidt examined the blood of the portal vein in two dogs during the digestion of flesh, and in one which had been kept fasting during two days, and in no case did he find it contain sugar. On the other hand, in the blood of the sub-hepatic veins of the same animals he found nearly 1 per cent. of sugar in the dogs fed on flesh, and ½ per cent. in the fasting animal. The exact figures were—

	Quantity of Sugar.	
	Portal Vein.	Hepatic Vein.
Dog fed on flesh	0	0.93
Ditto ditto	0	0.99
Dog kept fasting during two days	0	0.51

From these experiments it is concluded that the liver is the seat of the saccharine formation.

Dr. J. L. W. THUDICHUM.—*Experimental Epicrisis of some late Researches on Liver-Sugar.* Brit. Med. Journ., 17th March, p. 206.

Thudichum begins by stating that the results of some experiments he made in 1859 are adverse to the opinion of Pavy, and in accordance with that of Harley. Moreover, they afforded him the opportunity of ascertaining the sources of fallacy in at least two of the modes of proceeding adopted by the former observer. Thudichum relates some experiments, and then adds—

The first experiment showed that, when a liver containing sugar is treated with caustic potassa under circumstances preventing any rise of the temperature of the mixture, the sugar, under the influence of the caustic potassa and the oxygen of the air and water, is rapidly destroyed. The second experiment showed that the destruction of sugar, under circumstances favouring a rise of the temperature, is more rapid still; the presence of sugar being, of course, assumed or allowed. It also showed the rapid destruction of sugar, under the influence of potassa and air, at the ordinary temperature.

The third experiment exhibited the influence of a raised temperature alone in destroying (hypothetical) sugar mixed with caustic potassa. He concludes, "that no experiment can be admitted as proving the absence of sugar from the liver, in which the contact of that organ with potash, air, and water, at the ordinary or any higher temperature, has not been avoided."

Colin.—*On the Production of Sugar in relation to the Re-absorption of Fat, and the Development of Heat during Fasting and Hybernation.* Compt. Rend., Nov., 1860, p. 684.

The conclusions that the author has arrived at are—

1. That the re-absorption or combustion of fat, the production of sugar, and the supporting of the animal heat, are phenomena intimately connected, and mutually dependent on each other.

2. Abstinence cannot be long supported by lean animals; their temperature falls very rapidly, and the sugar disappears from the liver, the blood, the lymph, and the other fluids which are normally saccharine.

3. In fat or well-conditioned individuals subjected to fasting, all other conditions being equal, the duration of life is in exact proportion to the quantity of fat stored up in the tissues; so long as the animal has fat, life continues, the production of sugar goes on, and the temperature is not notably diminished.

4. During hybernation the production of sugar is in direct proportion to the re-absorption of fat.

5. In all animals deprived of food the liver undergoes a remarkable change, the cells lose their fat, and the organ becomes atrophied.

BILE.

P. Hoppe.—*Upon the Polarizing Properties of Bile-substances, and their Products of Decomposition.* Virch. Archiv, vol. xv, p. 126. Canst., vol. i, p. 235.

Dr. Thudichum.—*On the Colouring Matter of the Bile.* Meeting of Brit. Assoc., Oxford. Lancet, 7th July.

H. Nasse.—*On the Transformation of Starch by Bile.* Archiv für gem. Arb., vol. iv, part 3. Canst., vol. i, p. 197. Schmidt, vol. 105, p. 145.

Ed. Schaefer.—*An Analysis of the Bile of a Criminal.* Wien. Aerztl. Zeits., vol. xlv, p. 711. Canst., vol. i, p. 235.

There being as yet nothing known regarding the existence of glycocholic acid in human bile, Schaefer availed himself of the opportunity of analysing the bile of a criminal immediately after execution; and found, in this specimen of bile, glycin, as well as choloidinic and glycocholic acids.

Dr. FOLWARCZNY.—*Chemical Contribution to the Theory of Icterus.* Zcitschr. d. Wien. Aerzte, No. 15.

Do., *Communications from the Path. Chem. Laboratory*, No. 6. Canst., vol. ii, p. 77.

1. In three cases of icterus, Folwarczny tested the urine for biliary acids, without being able to detect a single trace. The same negative result followed his examination, in six cases, of normal urine. A similar result was previously obtained by Scherer.

2. In the cases of icterus, ten-grain doses of benzoic acid were given, and it reappeared in the urine in the form of hippuric acid. This and the former experiment, he thinks, prove that the now generally received opinions regarding the nature of icterus are erroneous, more especially as regards the presence of the biliary acids in the urine in cases of jaundice.

3. The urine and fæces in five cases of colica pictonum were analysed, and in the urine of one lead was detected. The patient who voided this specimen of urine was then treated with iodide of potassium, and the lead soon disappeared from the urinary secretion.

4. Some experiments were made on the absence of chlorides from the urine in certain diseases. The following case is one of special interest. The urine of a patient labouring under an attack of acute articular rheumatism was acid, of a specific gravity of 1030, contained an excess of urea, uric acid, and phosphates, and an average amount of chlorides. One day the chlorides suddenly disappeared from this urine, and at the same time a small quantity of albumen was detectable, and on the same day an attack of pericarditis came on. Hoppe says that the absence of chlorides in certain cases of disease arises from there being none given with the food. Our author's experiments, however, show that such is not the case; for in the urine of a patient who was taking abundance of salt with his food (salted soup, salted meat, and salted water) no chlorides could be detected.

MILK.

F. A. FLÜCKIGER.—*On the Estimation of the Quantity of Fat in Milk.* Schweiz. Zeitsch. f. Pharm., No. 5, p. 103.

BOUDET and BOUSSINGAULT.—*On the Estimation of Milk-sugar in Milk.* Journ. de Pharm. et de Chem., vol. xxxiii, p. 416.

M. A. BAINES.—*The Comparative Properties of Human and Animal Milks; a new Theory as to "Essences," and a new Interpretation of some Physiological Facts.* Churchill, 1860. Pamphlet, pp. 31.

F. HOPPE.—*Researches on the Constituents of Milk, and on their Proximate Decomposition.* Virch. Archiv, vol. xvii, part 5 and 6, p. 417. Canst., vol. i, p. 209. Schmidt, vol. 106, p. 3.

Hoppe informs us (1) that it not unfrequently happens that perfectly fresh cow's milk has an acid reaction, and that this does not arise from the presence of carbonic acid; (2) that the normal milk of the cow contains a certain quantity of albumen as well as casein; (3) that the sugar in milk ferments even when the oxygen of the air is prevented from coming in contact with it; (4) that, in fermenting, the sugar passes directly into lactic acid, without undergoing a previous metamorphosis;

(5) that during the fermentation of milk-sugar no hydrogen is evolved (Pasteur says there is); (6) that the acid reaction of fresh normal milk is due neither to the presence of free phosphoric acid nor of acid phosphates (Lehmann), but to an organic acid which is, in all probability, lactic acid. (7) Hoppe made several analyses of the gases contained in milk, but the results varied so much that they cannot be looked upon as satisfactory; however, it may be said that in general milk contains about 3 per cent. by volume of gas, the greater part of which is carbonic acid; very little nitrogen, and no oxygen, was detected. (8) Fresh milk (cow's) absorbs oxygen from the air, and gives off carbonic acid; (9) the quantity of carbonic acid exhaled is greater than the amount of oxygen absorbed. (10) A certain quantity of fat is formed during the process of the absorption of oxygen and the exhalation of carbonic acid gas; and (11) in all probability the formation of the fat depends upon the decomposition of the casein.

Dr. Gibb.—*On Saccharine Fermentation within the Female Breast, and its Influence on the Child.* Meeting of Brit. Association, Oxford. Lancet, 7th July. Brit. Med. Journ., 14th July, p. 548.

In 1853, Vogel announced the discovery of vibriones in human milk, which he believed to be the result of fermentation. From 1854 to the present time Gibb has examined many specimens of milk, and has occasionally found two genera of animalcules present in that secreted in the glands of those whose general health is out of order from various causes. The two varieties of animalcules are found at various periods of lactation, but not in the same individual. They consist of vibriones and monads. The milk is always neutral or alkaline (never acid), and well supplied with sugar. The children fed with the milk are, as a rule, badly nourished, often greatly emaciated, and die of inanition, unless their food be changed.

The act of fermentation, the author considers, is solely due to the sugar; and the rapidity with which he has observed the milk become sour out of the body is, he thinks, an argument in favour of intra-mammary fermentation.

Dr. Hare.—*On a Case of Secretion of Milk from the Right Axilla.* Lancet, 27th Oct., p. 405.

In Hare's case there was a swelling in the axilla about the size of half a walnut. A month after the woman was delivered, the swelling began to discharge a small quantity of milk through a very minute opening in the skin. The discharge at the time the patient was last seen (seven months after it began) still continued. The fluid possessed the microscopical and chemical characters of milk.

PANCREAS.

W. Turner, M.B. (Lond.)—*On the Employment of Transparent Injections in the Examination of the Minute Structure of the Human Pancreas.* Micros. Journ., July, p. 147.

Turner investigated the relations of the minute ducts to the ultimate gland-follicles of the human pancreas, by means of a series of injected preparations. These he obtained by forcing transparent injections through the excretory duct into the ultimate follicles of the gland, and afterwards rendering the preparations more transparent by means of glycerine. The large excretory duct extends, he says, along the centre of the gland from head to tail, and is enclosed on all sides by large lobules. From it, at intervals, smaller ducts proceed, which enter the large lobules, and therein divide and subdivide into fine branches, for the ultimate lobules. Some of the fine branches arise at right angles, others at a more or less acute angle, and, after a very short course, they become connected with the ultimate gland-follicles of the lobule to which they belong. Each duct, as a general rule, preserves the same calibre from the point at which it commences, to that at which it either gives off a branch or terminates in an ultimate lobule. In some instances the ducts possess dilatations on their walls, either confined to one side or existing at corresponding points on both sides. The ducts do not always terminate in the same manner. In some instances they pass to the base of the lobule, and then from it, as from a centre, the saccular dilatations of the ultimate follicles spring. In others, the duct runs for a short distance along the base of the lobule, giving origin in its course to the follicles, which are connected to its sides and extremity. In either case, the fine membrane forming the wall of the duct is continuous with the membrane constituting the wall of the follicles, so that the cavities of the follicles are continuous with that of the duct. The number of follicles present in an ultimate lobule varies considerably. There are also great differences in their shape and size. Some are spheroidal; others laterally elongated, so as to present a more or less oval form; others, again, are pyriform. When distended by injection, they all present convex, smooth, and well-defined outlines. On account of the general shape of the follicles, and the mode in which they are grouped together in the lobule, they resemble in appearance a bunch of grapes, with which they have frequently been compared.

The secreting cells of the follicles form a closely packed layer, lining the inner surface of the membrane forming the wall of the follicle. They are spheroidal in shape, and form a true glandular epithelium.

JUL. KLOB.—*On Anomalies of the Pancreas.* Wien. Ztschr. N. F. ii, 46, 1859. Schmidt, vol. 106, p. 281.

The irregularities of the pancreas described by Klob were observed in Rokitansky's 'Pathological Laboratory.' 1. In the case of a girl, aged twenty, who died of phthisis, a supernumerary pancreas was found attached to the great curvature of the stomach, lying between the muscular fibres and the serous covering. 2. In another case, the supernumerary organ was attached to the upper part of the jejunum. 3. In a third case, a small additional spleen was found imbedded in the end of the pancreas.

BLOOD-GLANDS.

Prof. H. HIS.—*On the Anatomy of Shut Glands or Follicles.* Ztschr. f. wiss. Zool., vol. x, p. 334, 1860.

Prof. HENLE.—*On the Anatomy of the Lenticular Follicles and the Lymphatic Glands.* Henle u. Pf.'s Ztschr., vol. viii, p. 201, 1860.

Prof. H. HIS.—*On the Thymus Gland.* Ztschr. f. wiss. Zool., vol. x, p. 341, 1860. Schmidt, vol. 108, pp. 18 and 20.

Prof. HYRTL.—*The Blood-vessels of the Thyroid Gland.* Oest. Ztschr. f. prakt. Heilk., vol. vi, p. 19, 1860.

Next to the spleen, the thyroid is, of all the organs of the body, the most abundantly supplied with blood. The united diameter of its four arteries is not much smaller than that of the four arteries of the brain, whereas its weight is only from 1 to 2 ounces, while that of the brain is from 34 to 65 ounces. Hyrtl states that it is untrue that the arteries of the thyroid gland freely communicate with each other; neither do those of the left side anastomose freely with those of the right, nor do the superior anastomose freely with the inferior. In the fœtus, up till the end of the third month, the thyroid gland consists of two distinct portions, which afterwards gradually become united in front of the trachea. So it is not difficult to understand why there should not be any very free communication between the arteries of the opposite sides.

The veins communicate much more freely with each other than the arteries.

BÖDECKER.—*Contribution to our Knowledge of the Constituents of the Spleen.* Henle u. Pfeuf., vol. vii, p. 153. Schmidt, vol. 105, p. 4. Canst. vol. i, p. 220.

Bödecker confirms the existence of inosite and cholestearin in the spleen of the ox. In the fresh spleen of a criminal, besides these substances, he also found hypoxanthin.

ABSORBENTS.

Prof. HYRTL.—*On the Origin of the Lacteals.* Oesterr. Ztschr. f. prakt. Heilk., vol. vi, p. 21, 1860.

PAPPENHEIM.—*On the Lymphatic Vessels.* Compt. Rend., vol. l, 1860, p. 30.

The author studied the course and distribution of the lymphatic vessels by arresting the escape of the lymph, and thereby causing them to become engorged and visible to the naked eye. By this means he ascertained that the spleen is better supplied with these vessels than the liver, and the liver than the lungs. In the diaphragm there are very few. The liver of the horse is tolerably richly supplied with lymphatics; but it is in the pancreas of the mole that these vessels are found in the greatest number.

In a subsequent communication (Compt. Rend., 23d April, p. 795), the author adds:—(1.) That he found the pulmonary pleura of a mare very rich in lymphatics (less so, however, than the liver). (2.) In detaching the membrane with the fingers and handle of the scalpel, he observed that the pleura sends in membranous prolongations among the lobes and lobules, accompanied by lymphatics. In fact, there are, the author states, two layers of these vessels, an external and an internal, and it is the internal layer which sends branches amongst the lobes. In this respect, the lymphatics of the lung differ from those of the spleen, and perhaps also from those of the liver, for in these latter organs the vessels are not seen to penetrate deeply into the organ. (3.) The pulmonary pleura is much richer in lymphatics than the costal pleura. (4.) The lymphatics of the diaphragm also constitute two layers; the internal, in which the vessels are the largest, sending branches among the fibres. (5.) The thoracic surface of the diaphragm appears to be richer in lymphatics than the abdominal surface.

GENITO-URINARY SYSTEM.

F. Heller.—*Urinary Calculi, their Origin, Detection, and Analysis, with special reference to their Diagnosis and Treatment.* With 12 Coloured Plates. Vienna, 1860.

Dr. Pincus.—*Volumetrical Analysis of Phosphoric Acid by means of the Acetate of Uranium.* Virchow's Archiv., vol. xvi, p. 137.

Dr. C. Neubauer.—*Contribution to Urine Analysis.* Archiv. f. wiss. Heilk., vol. iv, p. 228. Canst., vol. i, p. 243.

D. E. Mulder.—*On Indigo as a Test for Grape and Fruit Sugar.* Archiv v. Donders und Berlin, vol. ii, part 1, p. 44. Canst., vol. i, p. 198.

Dr. James M'Ghie.—*On the Method of Detecting the Presence and Estimating the Quantity of Sugar in Diabetic Urine, by means of concentrated Sulphuric Acid.* Glas. Med. Journ., April, p. 42.

Ch. Leconte.—*On the Detection of Sugar in the Urine.* Archiv. Gén. de Méd., 1859, p. 593.

Haughton.—*On the Natural Constants of the Healthy Urine of Man.* Physiological Experiments on Strychnine and Nicotin. Reprint.

Fred. Nunneley.—*Chemical Examination of a Urinary Calculus.* Glas. Med. Journ., April, p. 16.

V. Kletzinsky.—*On the Chemical Constitution and Semeiotic Importance of Urine Indigo.* Wien. Wochenschrift, No. 27. Canst., vol. ii, p. 77.

Dr. Seller.—*On the Determination of the Proportion of Solids in the Urine of Health and Disease.* Ed. Med. Journ., Aug., p. 105.

Wreden.—*Quantitative Analysis of Hippuric Acid by means of the Volumetric Method.* Bull. de St. Petersb., Class. Phys. Med., vol. xvii, p. 500. Canst., vol. i, p. 243.

Bödecker.—*Contributions from the Chemical Laboratory of the Physiological Institution in Göttingen.* Henle u. Pfeuf's Zeits., vol. vii, p. 130.

G. Burckhardt.—*On the Epithelium of the Urinary Passages.* Virchow's Archiv, vol. xvii, pp. 94—134.

Dr. Rouget.—*Memoir on the Gubernaculum Testis, and on the Descent of the Testicle.* Journ. de la Phys., July, 1860, p. 570.

Alfons Bilharz.—*On the Genital Organs of Ethiopian Eunuchs.* Ztschr. f. Wissenschaft. Zool., vol. x, p. 281, 1860.

Arthur E. Durham.—*On Hermaphroditism, as illustrated (principally) by Specimens in the Museum of Guy's Hospital.* Guy's Hosp. Rep., vol. vi, p. 421.

For an analysis of the urine in diabetes see Case xx, in the report of Neukomm's Thesis, given at page 13.

Prof. Edmund A. Parkes.—*The Composition of the Urine in Health and Disease, and under the Action of Remedies.* pp. 404.

As stated in the preface, the title of the book expresses its exact nature. The author has not entered into the chemical history, nor into the mode of determining the amounts of the urinary constituents, but merely enumerated the alterations they undergo under various circumstances. The book is divided into two great parts; in the first of which, the urine in health is considered; in the second, the urine of disease. Each part is preceded by an introduction, in which, in the one case, the normal constituents of healthy urine, and, in the other, the abnormal constituents of unhealthy urine, are enumerated.

The present volume is intended only as the first of a series. In the second, Parkes proposes to consider the alterations in the excretions from the skin, the lungs, and the intestines; while the third will be devoted to the consideration of the nature of the tissue-changes which lead to alterations in the excretions. The work before us contains a summary of the various researches that have been made within the last few years in this important field of inquiry—the urine of man.

In chapter 1, the variations in the urine during health, from physiological conditions, are enumerated; such, for example, as those arising from sex, age, race, food, exercise, climate, &c. In chapter 2, the variations in the urine caused by the use of medicinal agents, such as anæsthetics, medicated baths, mineral waters, vegetable and mineral acids, alkalies, and alkaloids. While chapter 3 is devoted to the consideration of the abnormal constituents and urinary sediments.

The author says that, in determining the amount of the normal constituents of the urine in sick persons, we must remember that we scarcely ever know beforehand what is the physiological amount proper to the individual, *i. e.* the amount he excreted daily in a state of health; and yet, without such knowledge, how are we to tell whether he is passing a greater or less quantity of water, urea, uric acid, sulphuric acid, &c., than he did when in health? We cannot, of course, apply to the individual the average derived from the collective analyses in a number of persons, though this has been often done. For example, the mean excretion of urea in men between twenty and forty is 33 grammes (512 grains); but we should greatly err if, in investigating the urine of a particular patient, we concluded that, in health, he would pass 33 grammes of urea daily. A glance at the table, which Parkes gives at page 7 of the Introduction, shows that he might pass either an average of 18 grammes or of 45 grammes daily, or any amount between these figures. How then can a conception of the patient's healthy excretion be formed?

The author says, we must either continue our observations beyond the period of illness into that of complete convalescence and health (a plan always to be adopted, if possible), or we must form a provisional estimate of what amount the patient would pass in health. The formula for this estimate Parkes offers merely as an attempt at a solution. The ratio of excretion to body-weight is, on the whole, the most constant fact at present known, and forms the basis of the calculation.

Empirical Formula for calculating the Urinary Excretion in a Sick Person, whose Normal Excretion is Unknown.

1. Ascertain the weight of the person in pounds avoirdupois.
2. Multiply the following figures by the weight; the result is the excretion in grains in twenty-four hours:

	In Men between twenty and forty.	In Women between twenty and forty.	In Children from three to eight.	In Children from eight to sixteen.	In Young Men and Women from sixteen to twenty.
Urea...............	3.530	2.960	6.830	5.200	4.390
Chlorine	0.875	0.817	1.440	1.097	0.926
Sulphuric acid ...	0.214	0.250	1.414	0.315	0.266
Phosphoric acid .	0.336	0.336	0.650	0.495	0.418

3. Make a further correction for middle and old age, by calculating according to columns 1 or 2, and then deducting 10 per cent., if the person be between forty and fifty; 20 per cent., if between fifty and sixty; 30 per cent., if between sixty and seventy; and 50 per cent., above seventy. These numbers, it must be borne in mind, are quite provisional, as the analyses are so few. Future observations will confirm or correct them.

4. Correct for diet.—If the persons have been starving for two or more days (as in some fevers), deduct one third from the calculation, when made according to the table. If the diet be meagre, deduct one sixth or one eighth; if pretty plentiful, yet still below that of health, deduct one tenth.

5. Correct for movement.—If there be total inactivity, deduct one tenth; if merely quietude, deduct one twentieth.

Corrections ought also to be made for the amount of fluid drunk, the action of the external temperature, and the condition of the other eliminating organs, &c.; but our author has not yet determined the proper figures for these agencies. Only the chief urinary ingredients are here given, as the amounts of the rest are so uncertain. The uric acid, being so little influenced by weight, cannot be calculated. Parkes subjoins a case of his own to show the working of the plan. A healthy man, aged thirty, on moderate hospital diet, weighed 114 lbs. Required the physiological amount of urea in twenty-four hours.

$$3.53 \times 114 = 402.42 \text{ grains.}$$

Correct for moderate diet; deduct one eighth:

$$402.42 - 50.3 = 352.12 \text{ grains.}$$

Correct for bodily inactivity; deduct one twentieth:

$$352.12 - 17.65 = 334.47 \text{ grains.}$$

The physiological amount determined by actual experiment (mean of six days) in this man was 346.7 grains, being only 12 grains above the calculated amount.

Rev. SAMUEL HAUGHTON.—*On the Natural Constants of the Urine of Man.* Dub. Quart., vol. xxx, p. 1 (concluded from vol. xxviii, p. 17). See last Year Book, p. 97.

Haughton made a number of observations on the food taken by the persons he experimented upon, particularly with reference to the nitrogen received in the food, compared with the quantity of nitrogen excreted by the urine. The results of his observations he gives in detail, and then deduces from them the following inferences:

1. The quantity of urea passed per day, by men in health, varies with

their food and occupation, the latter being the principal cause, and regulating the other.

2. Men employed only in manual or routine bodily labour are sufficiently well fed on vegetable diet, and discharge on an average 400 grains of urea per day, of which 300 grains are spent in vital, and 100 grains in mechanical work. This conclusion, the author says, is in conformity with the experience of the mass of mankind employed in manual labour in all ages and countries.

3. When the work is of a higher order, a better quality of food must be supplied, sufficient to allow of a daily discharge of 533 grains of urea, of which 300 grains, as before mentioned, are spent in vital work, and 233 grains in mental work and the mechanical work which is necessary to keep the body in health.

4. The quantity of urea discharged per day varies also with the weight of the individual, which influences the vital and mental work.

5. The habits, weight, and occupation of an individual enable us to account for a range of the diurnal quantity of urea varying from 300 to 630 grains per day; and this discharge may be confidently predicted, when the habits and weight are known.

Finally, when in any case, the discharge of urea exceeds that calculable from the preceding data, it must be attributed to ill health, and most generally to that most fatal of all diseases to which man is liable—anxiety of mind; a vague and unscientific expression, which, he thinks, however, denotes a real disease.

This fact alone, our author says, would render the preceding investigation of importance to the physician, as it enables him, in a given case, to pronounce whether there is an excess of urea or not, and a consequent waste of the system. He points out how the mere quantity will not decide this question, as from 300 to 630 grains may be discharged by persons in perfect health, according to their peculiar occupation and physical conditions.

Prof. BEALE.—*A Course of Lectures on Urine, Urinary Deposits, and Calculi.* Lect. v, Brit. Med. Journ., 21st April, p. 297, and succeeding numbers.

In speaking of precipitates likely to be confounded with albumen, Beale remarks that he obtained a precipitate of uric acid, on adding a little nitric acid to the urine of a patient suffering from large hydatid tumours of the liver. The crystals thus formed were redissolved on the application of heat; but, as the solution cooled, they were again deposited in the form of much larger crystals. A specimen of urine, exhibiting the same peculiarity, contained an excess of urea. Upon the addition of half its bulk of nitric acid, the mixture became nearly solid from the formation of crystals of nitrate of urea. The deposit in this instance consisted partly of urate of soda. Another specimen of urine from a man, æt. 49, suffering from rheumatic fever, contained much urate of soda, gave a precipitate with nitric acid, and cleared on the addition of heat. It also occasionally happens that, when albumen is present, no precipitate is produced by heat, after the addition of a few drops of nitric acid. Dr. Bence Jones thinks that this arises from the nitric acid combining with the albumen to form the nitrate of albumen, which is soluble in a weak solution of nitric acid even although boiled, but insoluble in a mixture of acid of greater strength. Jones has also shown that albumen is not always precipitated from very acid urine upon the application of heat, and Beale thinks this depends upon the decomposition of the phosphates by the nitric acid, and the consequent development of free phosphoric acid, in which albumen is freely soluble. He relates some experiments which led him to this conclusion. A weak solution of albumen was treated with a few drops of chloride of calcium, and afterwards with a little ammonia. After having stood for twenty-four hours, it was filtered. In this manner, any soluble phosphates present were removed. The solution was then tested as follows:—1. Albumen was precipitated by the application of heat, or by the addition of nitric acid, as usually occurs. 2. A very small quantity of dilute nitric acid did not prevent the coagulation of the albumen by heat. 3. After the addition of a few drops of phosphoric acid, the fluid no longer coagulated on being boiled. In this last case, it is evident that the presence of the phosphoric acid was the cause of the heat failing to precipitate the albumen. At the same time, Beale adds, that it must be admitted that there are several facts connected with the behaviour of weak solutions of albumen with acid, and under the influence of heat, which are not satisfactorily explained, and forms of albumen having different reactions are from time to time met with; so that the whole subject requires further investigation.

When speaking of saccharine urine, Beale says, that if a few drops of urine of s. g. 1050 be allowed to evaporate spontaneously on a glass slide, fine crystals of grape sugar may be obtained. These crystals are beautiful objects when examined by polarized light. From experiments made by the author with reference to the practical application of Trommer's test, and Fehling and Barreswil's solutions, he drew the following conclusions:

1st. That if urine contain chloride of ammonium, urate of ammonia, or other ammoniacal salts, the sub-oxide of copper would not be precipitated if only a small quantity of sugar were present.

2d. That unless there be a considerable quantity of one of the above salts present (in which case the blue colour will remain), the mixture will change to a brownish hue upon boiling, but no opalescence or precipitate of sub-oxide of copper will occur. When only a moderate amount of sugar is present, he has been unable to obtain a precipitate, under these circumstances, by the addition of potash and prolonged boiling.

3d. In many cases where the precipitation of the sub-oxide of copper is prevented by the presence of ammoniacal salts, the addition of potash to the solution, and subsequent boiling, causes the production of a precipitate with the evolution of ammoniacal fumes. Hence care should always be taken that a considerable excess of free alkali is present.

4th and lastly. When only small quantities of sugar are present in the urine, and the precipitate is not decided, the fermentation test should be resorted to.

Lecture vi, is devoted to the anatomy of the kidney; and from his researches on the basement membrane of the tubes and of the matrix, Beale has come to the following conclusions:—1st. In the cortical portion of the kidney, there is no evidence of the existence of a *"fibro-cellular matrix,"* as was previously pointed out.—'Quain's Anat.,' vol. iii, p. 327. 2d. The fibrous appearance observed in thin sections of the kidney which have been immersed in water is due to a crumpled, creased, and collapsed state of the membranous walls of the secreting tubes and capillary vessels. 3d. A small quantity of a transparent and faintly granular material, with distinct nuclei, the nature of which has not yet been determined, is to be demonstrated between the walls of the tubes and the capillary vessels. 4th. The changes met with in disease can be fully explained without supposing the existence of a fibrous matrix.

J. Ch. Lehmann.—*On the Acidity of the Human Urine in Health and Disease.* Biblioth. for Läger, xiii, p. 18. Schmidt, vol. 108, p. 148.

Lehmann chiefly devoted his attention to the acidity of the urine in acute febrile states of the system, in which the rapid retrograde metamorphosis of tissue is supposed to influence very considerably the quality of the urine. From a great number of observations made on such cases, it appears that in general the acidity of the urine is not increased; it is even frequently under the normal standard. In typhoid fever, the acidity of the urine was found greatest in the first stage of the disease, it diminished in the second, and increased again during convalescence; but as long as the patient remained in the hospital, the urine was never found to be more acid than in health. In acute rheumatism, the acidity of the urine appeared to be in direct proportion to the amount of the pain and to the severity of the fever. The acidity reached its climax when the heart became affected, and through the heart the breathing. In a case of emphysema, Lehmann observed that the acidity of the urine increased proportionally with the difficulty of breathing. The urine contained more free acid in cases of pneumonia and pleurisy than in any of the other cases of disease he examined. That the acidity of the urine should, in acute febrile states of the body, be under the normal standard is, at first sight, surprising; but it is easily understood when it is remembered that the acid is in great measure derived from the food, and that in fevers very little nourishment is taken by the patient.

Dr. Wm. Roberts (Manchester).—*Observations on some of the Daily Changes of the Urine.* Ed. Med. Journ., March, p. 817, and April, p. 906.

The observations were made upon a healthy man, twenty-eight years of age, taking moderate exercise, living under most favorable hygienic conditions, weighing 144 lbs., and taking solid food only twice a day.

The daily mean quantity of urine for ten days, on ordinary diet, was forty-six fluid ounces; giving an hourly mean of two ounces. But the flow was not equable: it rose after meals, fell during fasting, and reached its minimum in the hours of sleep. On one occasion, seventeen ounces six drachms flowed in forty minutes, after taking on an empty stomach half a pound of sugar and a glass of water. Roberts agrees with Dr. B. Jones, that a meal, be it of animal, vegetable, or mixed food, has a powerful and constant effect in lowering the acidity of the urine, frequently even rendering it alkaline.

When food devoid of mineral constituents was used, no lowering of the acidity of the urine was observed. On two days, sugar or honey was taken instead of the ordinary food; and the acidity of the urine maintained itself almost unchanged, with a tendency to elevation rather than depression.

Roberts thinks we may look upon the acidity of the urine as a measure of the state of the blood. When the urine is highly acid, the alkalescence of the blood is below par; and when the urine is alkaline, it is an indication that the alkalinity of the blood is above par.

In the paper will be found several tables, on the quantity of solids, &c., discharged in the urine per hour, under different kinds of diet and regimen.

PLANER.—*On the Gases of the Urine, and of Exudations.* Zeits. d. Wiener Aerzte, No. xxx, Canst., vol. i, p. 243.

1. It would appear from Planer's researches that the only gases the urine contains are carbonic acid, nitrogen, and oxygen. The quantity of free carbonic acid varies from forty-five (during fasting) to a hundred parts by volume per thousand (during digestion). The quantity of nitrogen does not vary; it is about 8 c.c. in 1000 c.c. urine. Oxygen is found in such minute quantity (0.6 per 1000) that it probably accidentally enters during the process of collecting the urine, notwithstanding the greatest possible care being taken to avoid any such occurrence.

2. As regards the quantity of combined carbonic acid, it seems that it increases during digestion to about double its amount in the period of fasting.

3. After taking bitartrate of potash, the quantity of free carbonic acid in the urine is greatly increased—nearly threefold, whereas the quantity of the combined acid is not increased; it even appears sometimes to be diminished; the diminution is, however, most probably only relative, as the amount of urine passed is much greater.

In fever, the urine contains an excess of both free and combined carbonic acid. In a case of albuminuria, the urine contained about the normal amount of carbonic acid; while in a case of polyuria, three times as much free carbonic acid, and twice as much combined acid, was found than exists in normal urine of the same specific gravity.

In 1000 c.c. (61.027 cubic inches) of fluid drawn from the abdomen of a patient suffering from diseased liver, 116.7 c.c. of free gas were obtained, which on analysis yielded—

	c.c.	Equal to in 100 parts.
Carbonic acid . .	95.22	81.62 per cent.
Nitrogen . . .	21.07	18.06 „
Oxygen . . .	0.14	0.12 „

The exudation from a serous cavity is thus seen to contain the same gases, and the carbonic acid and nitrogen in nearly the same relative proportions, as normal urine.

T. S. WARNCKE.—*On the Amount of Urea excreted during Typhoid Fever.* Biblioth. for Läger, xii, p. 330. Schmidt. vol. 108, p. 149.

Before beginning his researches on the urine in typhoid fever, Warncke first estimated the average amount of urea daily excreted by healthy persons of different ages. The results are given in the following table:

	Mixed Diet.		Vegetable Diet.	
	Grammes.	Grains.	Grammes.	Grains.
Adult Male . .	33.7	522.35	25.3	392.15
„ Female . .	26.8	415.40	20.1	311.55
15 to 18 years, Boy .	19.8	306.90		
„ „ Girl .	18.0	279.00		

He then examined the amount of urea passed (in twenty-four hours) during typhoid fever in no less than fifty cases (thirty males, twenty females). The results are—

Duration of Disease.	Males.		Females.	
	Grammes.	Grains.	Grammes.	Grains.
One week . . .	43.2	669.60	34.0	527.00
Two weeks . . .	39.9	618.45	30.2	468.10
Three weeks . .	30.9	478.95	24.1	373.55
Four weeks . . .	23.2	359.60	20.5	317.75

From this table it is seen, that during typhoid fever, especially in the early part of the disease, the urine contains a much greater quantity of urea than in health. The author looks upon this increase in the amount of urea as being in some measure a characteristic sign of the disease; for although in other febrile states the excretion of urea is augmented, it is never so much so as in the case of typhoid fever. Moreover, he observes, that the quantity of urea passed in twenty-four hours stands in direct relationship with the temperature of the body, the loss of flesh, and rapidity of the pulse. A great decrease (but never below the normal standard) in the quantity of urea excreted was observed to take place when hæmorrhage from the bowels occurred during the course of the disease. In a day or two after the hæmorrhage ceased, the amount of urea augmented.

Warncke remarks, that when the pulmonary organs become affected during the course of the disease, the amount of urea undergoes no appreciable change. Gastric has a very different effect from typhoid fever on the quantity of urea passed; notwithstanding their symptoms being so very much alike, the proportion of urea excreted is reversed, that is to say, in gastric fever the quantity falls below the normal standard. The following table shows this:

	Males.		Females.	
	Grammes.	Grains.	Grammes.	Grains.
One week . . .	22.1	342.55	18.0	279.0
Two weeks . . .	24.1	363.55	19.8	306.9
Three weeks . .	25.7	398.35	20.0	310.0

The author adds the interesting case of a young man, who, while suffering from gastric fever, passed a normal quantity of urea; whereas, when a short time afterwards he was attacked with typhoid fever, the amount of urea immediately increased. Warncke concludes, from the results of his experiments, that the quantity of urea might, in some cases, aid in deciding whether a doubtful case was gastric or typhoid fever.

S. Ringer.—*On the Relative Amount of Sugar and Urea in the Urine of Diabetes Mellitus.* Trans. Med. Chir. Soc., 1860, p. 323. Lancet, 11th August.

Ringer made his observations on two cases in University College Hospital, and the following are the conclusions at which he arrived:

1st. That after the influence of food on the urine has entirely disappeared, a constant ratio is maintained between the sugar and urea.

2d. That after a purely non-amylaceous and non-saccharine meal, both the sugar and the urea are increased, but that during this increase the same ratio between them is observed. This ratio is 1 of urea to 2.2 of sugar.

3d. That under both these circumstances, the sugar could only be derived from the nitrogenous elements of the body, and, therefore, that some such ratio might, on *à priori* grounds, have been expected.

W. MÜLLER.—*Researches on the Excretion of Urea after Operations.* Froriep's Notiz., vol. iv, p. 288. Canst., vol. ii, p. 77.

Müller made the following observations:—(1.) immediately after a portion of the body has been removed by operation, the quantity of urea diminishes; (2.) in a couple of days after a "capital operation," the urea increases in the urine; (3.) the increased amount of urea continues in direct proportion with the severity of the operation, the loss of flesh, and increase of bodily temperature; (4.) after a time, as the patient recovers strength and flesh, the amount of urea falls to the normal standard, or even a little below it.

Prof. MALMSTEN.—*Crystals of Uric Acid in Pemphigus Vesicles.* Hygeia, vol. xx, p. 183. Schmidt, vol. 105, p. 6.

The fluid of the pemphigus pustule had an acid reaction, and under the microscope was found by Malmsten to contain distinct crystals of uric acid. This observation is interesting, as some say that the disease in question is connected with affections of the urinary organs.

Dr. HASSALL.—*On the Frequent Occurrence of Phosphate of Lime in the Crystalline Form in the Human Urine.* Proc. Roy. Soc., No. 38, p. 281. Lancet, Feb. 25th.

Hassall says that deposits of the phosphates of lime, in well-marked and highly characteristic forms, are of frequent occurrence in human urine, much more so, indeed, than the amorphous deposits of that salt, which are comparatively rare and exceptional. He thinks, therefore, that the statements hitherto advanced, regarding the absence of crystalline phosphates in human urine, are erroneous; and that the reason why the deposits of phosphate of lime have been overlooked is, because the deposits of the ammoniaco-magnesian phosphate are mixed, and confounded with them. The two kinds of crystals are, however, very different. He looks upon the occurrence of a deposit of phosphate of lime of deeper pathological interest than that of a deposit of phosphate of magnesia and ammonia.

Dr. DAVID NELSON.—*On Albuminuria, and its Ferro-albuminous Treatment.* Brit. Med. Journ., 1st Sept., p. 683, and Sept. 8th, p. 703.

In treating the above subject, Nelson remarks that he does not intend to imply that the line of treatment proposed is curative or restorative of kidneys that have become disorganized; but simply to uphold and illustrate the doctrine, that albuminuria, to a very great extent, and accompanied by the sundry symptoms of dropsy, &c., may exist for a length of time, and yet be subdued by means of the remedies recommended.

The author observes, in reference to the varied nature of the disease, that it consists essentially in a deposit of foreign matter of low organization within the proper tissues of the kidneys, which proper tissues become atrophied and ultimately absorbed. These deposits, having no power to assume the glandular functions, are not calculated to eliminate those excretions which ought thence to be drained, without, at the same time, showing a tendency to permit the most valuable reparative material in the blood (albumen) to escape along with them. At the same time he admits that the occasional manifestation of profuse albuminuria, in the course of other diseases tending to debilitate the nervous system and attenuate the blood, affords proof that it is possible for it to be sometimes simply a functional or accidental filtration of the nutrient fluids. The degenerations of structure ranked under the one name of *Bright's disease* may be of various kinds, according to the constitution of the patient and the nature of the inducing causes—debility of body proceeding from scrofulous or syphilitic taint, anæmia, drunkenness, or abuse of mercury; on the other hand, they may arise from local or accidental affections, such as the kidneys are subject to, in common with other parts of the frame. Thus, without any prior deterioration of the general mass of blood, there may be loss of function in the renal nerves, by which the natural reactions are so modified, and the affinities so altered, that, instead of glandular or epithelial cells being formed and deposited as usual, there is a displacement of them by means of granular or tubercular matter or fat. Next, the evil may proceed from a pure anæmia, in which the over-fibrinated blood may block up, and ultimately obliterate, the extreme vessels, thereby cutting off the source of nutriment from the glandular tissue, and substituting an impoverished lymph, destined, perhaps, to undergo in the course of time still deeper degenerations. Again, protracted congestion and subacute inflammation may give rise to similar results. While there may be albuminuria without organic degeneration, there may also be organic degeneration without albuminuria.

After detailing the symptoms of albuminuria, the author proceeds to state that, when the kidney is almost completely destroyed as a gland, life may be prolonged by furnishing the materials necessary to its operations; and when the disease is still less advanced, there remains the probability of renovating, to a certain extent, the cellular and tubular structures that were on the point of undergoing the fatal degeneration which, when once thoroughly effected, can never be removed.

The treatment which, under these circumstances, holds out the greatest chance of success is the administration of iron and albumen, in order to supply the loss of these materials which the system is, from day to day, and hour to hour, sustaining. Nelson relates several cases as illustrative of this line of treatment, to which he appends the three following deductions:

1. When the premonitory symptoms of debility and anæmia have not, as yet, produced actual renal disorganization, the supplies of the deficient elements afford a fair hope of averting the threatened malady of albuminuria.

2. If the renal disorganization be commencing, the improvement of the mass of the blood by such means may yet give the constitution the power of arresting the dire changes that may precede, accompany, or supervene upon the albuminuria.

3. Even if the disorganization be considerably advanced, such supplies may postpone the fatal issue for an indefinite period.

Dr. ISAACS (Brooklyn City Hosp.).—*Remarks upon Chylous or Milky Urine; with an Account of Two Cases of that Disease.* Amer. Journ. Med. Sc., April 1860, p. 472.

In the above article it is stated—

1. That the disease may continue for many months, and even years, without much apparent injury to the general health.

2. That in such cases there may be, and have been, intermissions of several days, and sometimes of months and years, during which the urine was apparently healthy.

3. That notwithstanding the daily loss of albumen, fibrin, red globules, and fatty matter, there may be very little or no emaciation. The patient may, on the contrary, abound in adipose tissue, and his muscles be apparently well nourished.

4. The fatty matter generally appears in the urine after eating, and but seldom before, or if so in very small quantity. But there are exceptions to this rule, as in the case recorded by Golding Bird.

5. That astringents, and especially gallic acid, with attention to diet, exercise, &c., seem to be the most efficacious remedies, but that the disease is generally very little under the permanent control of remedies.

6. The kidney is in a very different condition from that of Bright's disease, inasmuch as renal epithelium, tube-casts, &c., are not generally found in the urine; neither do pathological changes, at all resembling those in Bright's disease, occur in the kidney secreting milky urine. On the contrary, in the only two cases of autopsy Dr. Isaacs has been able to find, viz., that recorded by Prout and one reported by himself, the kidneys were perfectly healthy.

7. From the examination of the kidneys in Isaacs' case, it is positively demonstrated that there was, in that instance, no organic lesion of the organ; and from the symptoms and history of the other cases, the same conclusion may properly, he thinks, be deduced with regard to them. Moreover, the state of general good health, the intermittence of the symptoms, the absence of loss of weight, and the effects of remedies, show that there was, in all probability, no *organic* lesion of any of the other organs, at least in the greater number of the cases.

Dr. Milner Barry.—*Urine suspected to be Chylous.* Archiv. of Med., No. 5, p. 46.

Case.—W. A—, aged 10, a staid-looking, pale-complexioned boy fairly grown and nourished for his age (has always been delicate, his spirits outrunning his strength), began to suffer from constant weakness and vomiting, and, at the same time, to pass milky urine. The urine resembles milk diluted with water, is acid, has no urinous smell, and possesses, in general, a specific gravity of 1018. After standing, a cream-like layer forms on the surface. Heat, or the addition of nitric acid, produces a scanty, curdy precipitate. When shaken with ether, the urine becomes transparent, and a thin coagulum forms by repose between the ether and urine. When examined with the microscope, numerous oil-globules are seen, like those present in milk.

Dr. William Roberts.—*On the Estimation of Sugar in Diabetic Urine by the Loss of Density after Fermentation.* Trans. Manchester Phil. Soc. Med. Circ., Dec. 19th, p. 419.

Roberts states that when diabetic urine is fermented with yeast, its specific gravity, which may have previously ranged from 1030 to 1050, falls to 1009 or 1002, or even below 1000; this result being mostly due to the destruction of the sugar it contained, but partly, also, to the generation of alcohol, and its presence in the fermented product. As the diminution of density must be proportional to the quantity of sugar transformed by the ferment, the amount of loss supplies a means of calculating how much sugar any urine contains, always provided that the remaining ingredients of the urine are unchanged, or become changed in some uniform ratio.

To ascertain the relation between the density lost by fermentation and the sugar destroyed, experiments were made on the urine of diabetic patients in the following manner:—1st. The amount of sugar present was ascertained by the volumetric method. 2. The density of the urine was taken. 3. Three or four ounces were fermented with a drachm or two of German yeast, and the density, after the fermentation process had ceased, a second time taken, and the difference calculated.

The accuracy of this method was further tested by operating on diabetic urine diluted with known volumes of water, or non-saccharine urine, and solutions of loaf sugar in water, and in healthy urine. The following rule expresses the result of the experiments:—*Each degree of "density lost" indicates one grain of sugar per fluid ounce of urine.*

J. Löwenthal.—*Remarks on Fehling's Liquid.* Erdm. Journ., vol. lxxvii, p. 336. Canst. vol. i, p. 198.

It has been frequently observed that Fehling's liquid, after being kept for some time, cannot be boiled along with any free organic acid without giving a precipitate of the sub-oxide of copper, and consequently the solution, unless freshly prepared, is not always to be depended upon in making a quantitative analysis of sugar. Löwenthal proposes an improvement in the mode of preparing this standard solution. As the oxide of iron, in the presence of carbonate of soda, is reduced by grape sugar, it is easy to understand how the still more easily reducible oxide of copper will act under the same circumstances. Having found that if the caustic soda in Fehling's liquid be replaced by the carbonate of soda, the solution may be kept for more than a year without giving any deposit of sub-oxide of copper, either when boiled alone or with acetic acid, Löwenthal recommends the standard solution for the analysis of sugar to be made by mixing together—

Tartaric acid	3 ounces	= 6 loth.
Carbonate of soda . . .	18 ,,	= 36 ,,
Sulphate of copper . . .	1 ,,	= 2 ,,
Water	1.761 pints	= 1 litre.

R. Schmeisser.—*Researches on a Urine containing Tyrosin.* Archiv d. Pharm., Oct., 1859, p. 11. Canst. vol. ii, p. 77.

The urine in this case was obtained from a patient who died in a few days from acute atrophy of the liver. The urine was acid, yellow, clear, without sediment, and of 1020 specific gravity. Neither albumen, bile-pigment, biliary acids, nor sugar, could be detected in it. When a portion of the urine was treated with acetate of lead solution, and the excess of the salt of lead removed by sulphuretted hydrogen, and filtration, the clear liquid, on evaporation, yielded a large quantity of needle-shaped crystals. The crystals had neither taste nor smell, were insoluble in alcohol and ether, but soluble in warm water, in ammonia, fixed alkaline solutions, and in the mineral acids. In acetic acid, on the other hand, they were not readily dissolved. On allowing the ammoniacal solution to evaporate spontaneously, the crystals re-formed, and were even larger than before. On being burned, they gave off a smell like that of burning hair, but left no residue. When heated along with nitric acid to dryness on platinum, and a drop of soda solution added (Scherer's method), the crystals gave an intense rusty yellow colour. From these characters it was concluded that they were tyrosin,—an opinion which the microscopical examination confirmed.

Ph. Munk.—*On Urine Pigment.* Allg. med. Central-ztg., No. 26. Canst., vol. ii, p. 77.

Munk's observations were made upon a man aged 39, while in hospital, under the care of Professor Traube. The patient stated that he had enjoyed good health until about two years before his admission, when he began to suffer from pains in the loins and trembling of the lower limbs. These increased, and he became so weak that he had to give up work. On examination, the urine was found (1) to be of a dark red colour; (2) to contain neither albumen nor bile-pigment; (3) to stain filter-paper red ; (4) to become darker when heated with nitric acid ; (5) to assume with sulphuric acid a fine deep violet colour ; (6) to become decolorized when hydrochloric acid and zinc were added to it; the red colour could, however, be restored by adding nitric acid ; (7) and lastly, with ammonia, the urine became green. The quantity passed in twenty-four hours was much below the average ; it varied from about fourteen to twenty-three ounces. A very small amount of chlorides and urea was found in the urine.

Munk separated the colouring matter from the urine in a pure state, and found that it was insoluble in water, but soluble in alcohol, ether, and chloroform. It dissolved in soda solution with a pale red colour ; in ammonia, with a green ; in hydrochloric acid, with a red ; in sulphuric acid, with a dark violet hue ; and in nitric acid, it became colourless. When burned, it left an ash containing iron.

Prof. Beale.—*Urine of Chorea.* Archiv. of Med., No. 5, p. 48.

The following specimens of urine were passed by a little girl, nine years of age, while suffering from chorea. The case was not a severe one. The child weighed forty-four pounds.

The urine passed in twenty-four hours amounted to nineteen ounces, sp. gr. 1018, on the 8th October; twenty-four ounces, sp. gr. 1014, on the 9th October, reaction acid. Contained—

8th October.		In twenty-four hours.
Water	958.70	
Solids	41.30	343 grains.
Urea	24.00	200 ,,
Sulphates	2.096	17 ,,
Fixed salts	12.008	100
9th October.		
Water	964.000	
Solids	35.800	376 ,,
Urea	21.000	200 ,,
Sulphates	1.414	15 ,,
Fixed salts	11.014	116 ,,

The proportion of urea excreted in chorea is very great, as has been shown by Dr. B. Jones, Beale, and others.

V. Hensen.—*On the Urinary Excretion in Epilepsy.* Thesis, 1859. Canst., vol. ii, p. 82.

Hensen studied the amount of urine passed in twenty-four hours by epileptics, its specific gravity, and the quantity of chloride of sodium, urea, and phosphoric acid, it contained. He gives a full report of his researches in five cases, from which we draw the following facts:—(1) that epileptics make more urine during the night than during the day, which is the reverse of the normal state; (2) that the amount of chloride of sodium and phosphoric acid varies very much, and that the quantity or quality of the food taken does not satisfactorily account for these variations; (3) the total amount of urea is more or less abnormally diminished, while the quantity passed at night is proportionally greater than in health; (4) the convulsions probably increase the quantity of urea, but the author's experiments do not allow him to offer any positive opinion on this point; (5) the crystals of uric acid in the urine are increased after the fits; (6) no sugar was found in the urine of any of the cases.

PARASITES.

Wm. Turner, M.B.—*Observations on the Trichina Spiralis.* Ed. Med. Journ., Sept., p. 209.

From the published researches of others, the following conclusions have been drawn:—That the trichina, as met with in muscle, represents the immature condition of a nematoid worm; that, shortly after it is taken into the intestine, it becomes fully developed, and produces thread-like worms, which, after a few days, bore their way through the intestinal walls, and ultimately reach the voluntary muscles, where they become capsulated. Turner gave to some animals portions of muscle containing specimens of trichina, and from his examination of the animals after death he was led to the following conclusions. (1) The trichinæ may propagate in the intestine; and (2) while some of the young remain behind in the gut as thread-like worms, others emigrate from the intestine, work their way into the muscles, and there become encysted. (3) The cysts themselves exhibit, at first, the characters of having been recently formed; they are transparent, have no deposit of calcareous particles, either in their walls or cavities, with an absence of fatty degeneration in the surrounding muscular fibres and of the deposition of fat-cells in their vicinity.

In no case was Turner able to find indications of the passage of the worm through the intestinal wall, although he examined the intestine microscopically at many places. Virchow has met with trichinæ in the mesenteric glands, and Herbst has seen them in the mesentery of an owl.

The worms are most numerous, as first pointed out by Owen, in the superficial muscles of the body, and in the surface of the muscle, which shows that they have a tendency to work their way towards the exterior.

When the worms have reached the muscles and become encysted, they remain dormant, many of them undergoing calcareous degeneration. Turner has compiled from various medical journals the following table of recorded cases, and appended to it six cases which came under his own observation:

Authority.	Sex.	Age.	Disease.
Owen	M.	50	Tubercles and Bright's disease.
"	F.	...	Sloughing ulcer, and diarrhœa.
"	M.	Aged.	Not stated.
Wood	M.	22	Acute rheumatism.
Farre	M.	Middle age.	Tubercles.
Curling	M.	58	Fractured skull.
"	M.	60	Fractured ribs.
Gairdner	M.	60	Purulent infection of blood.
Millar	F.	49	Tumour of tongue, probably cancerous.
Luschka	F.	80	Old syphilitic disease.
Rainey and Bristowe	M.	56	Pulmonary and cardiac disease.
Henle	M.	60	Not stated.
Zenker	F.	20	Pyrexia, tympanitis, abdominal and muscular pains.
Turner	M.	60	Paralysis following apoplexy.
"	F.	79	Old age and debility.
"	M.	66	Cancer of pylorus.
"	F.	49	Unknown.
"	F.	60	Asthma and general debility.
"	F.	37	Meningitis.

In Zenker's case, the emigration of the worms from the intestine to the muscles, and their presence in the latter, produced well-marked symptoms. In Curling's two cases, on the other hand, the encysted worms did not apparently in any way impede the active exercise of the muscles, or impair the bodily health of the individual. With regard to the comparative frequency of the trichina in man, Turner thinks that it occurs much oftener than is supposed, for between one and two per cent. of the dead bodies received into the dissecting rooms of the University of Edinburgh during the last five years have been so affected.

Prof. WELCKER (Halle).—*On Sarcina, especially on its Occurrence in Human Urine.* Henle and Pfeuf.'s Zeitschr., vol. v, p. 199.

Several cases have been reported in which sarcina has been found in the urine. The one related by Welcker is specially interesting, in consequence of the patient being a member of the medical profession, and his symptoms having been carefully watched.

The gentleman, æt. 47, had been ailing for some time, lost strength, and become emaciated. He suffered much from nervous depression, in consequence of his imagining that he laboured under renal disease. Welcker first examined the urine in July, 1857; it was strongly acid, and on standing became clouded. On microscopical examination the cloudiness was found to be partly due to the presence of sarcina. On examining the urine even immediately after it was passed, sarcina, crystals of oxalate of lime, a few pus- or mucus-corpuscles, and epithelium-cells, were detected in it. The majority of the sarcina-masses were composed of eight, or of sixty-four cells. Welcker states that he has on several occasions examined sarcina from the stomach, and it appears to him that the masses from that organ are larger than those from the urinary bladder. In the following table he gives the average size of those from the stomach and those from the urine:

	Urine.	Stomach.	
Primitive cell	0.0012 m.m.	0.0025 m.m.	
Cube of 2 cells to the side	0.0023 ,,	0.0050 ,,	Most common form in urine.
Cube of 4 cells to the side	0.0048 ,,	0.0100 ,,	
Cube of 8 cells to the side	None.	0.0200 ,,	Most common form in the stomach.
Cube of 16 cells to the side	None.	0.0400 ,,	

The author thinks that the sarcina of urine is a variety, if not a distinct species. He made several attempts to propagate the parasite by injecting some of the urine containing it into the bladder of a dog and of a rabbit, but with negative results. Welcker also introduced some of the urine into the stomach of a rabbit, but without any better success, for on killing the animal twelve days afterwards, not a trace of sarcina was detected. The dog was treated much in the same way, and although kept alive for a much longer period—nearly four months—a total absence of the parasite was found.

Dr. T. SPENCER COBBOLD.—*Two Memoirs on Entozoa.* Trans. Linn. Soc., vol. xxii.

The first paper contains notices and descriptions of several new helminths, with microscopical observations, including an account of two experiments in regard to the breeding of *Tænia serrata*, and *T. cucumerina.* The second paper gives an account of several new entozoa, the most interesting form being that of a non-hermaphroditic trematode (*Bilharzia magna*, Cobbold) from an African monkey (*Cercopithecus fuliginosus*); this worm, both in form and in the possession of a gynæcophoric canal in the male, very closely resembles the *Distoma hæmatobium* of Bilharz found in man.

COBBOLD.—*Synopsis of the Distomidæ.* Proc. Linn. Soc., vol. v, No. 17, Zool. Div., pp. 1—56.

This paper contains a systematic arrangement of all the known forms of the genus Distoma and its allies, to the number of several hundred species.

EDWIN CANTON.—*An Account of some Parasitic Ova found attached to the Conjunctiva of the Turtle's Eyes.* Dub. Quart. Rev., Nov., 1860, p. 327.

GENERATION AND DEVELOPMENT.

CH. ROBIN.—*Memoir on the Minute Structure of the Umbilical Vesicle of Mammalia.* Compt. Rend., October, 1860, p. 624.

SERRES.—*On the Development of the first Rudiments of the Embryo—Primitive Formation of the Cerebro-spinal Axis of the Nervous System—Development of the Spinal Cord and Vertebral Canal.* Compt. Rend., 1860, October, p. 581. See also second note at p. 476, and Gaz. Méd. de Paris, 27th October, p. 663, and 3d November, p. 680.

MANTEGAZZA.—*On the Vitality of the Spermatozoa of the Frog, and the Transplantation of the Testicles of one Animal into Another.* Compt. Rend., August, 1860, p. 254.

Dr. JOLY.—*New Experiments regarding the Action of Madder on the Egg of the Hen and on the Teeth of Mammalia.* Archiv. Gén. de Méd., September, 1860, p. 376.

MILNE EDWARDS.—*Remarks on the Value of the Facts which are considered by some Naturalists as sufficient to prove the Existence of Spontaneous Generation in Animals.* Compt. Rend., vol. xlviii, p. 23.

L. PASTEUR.—*Experiments on the so-called Spontaneous Generation.* Compt. Rend., 6th February, 1860, p. 303.

FLOURENS.—*On the Coloration of the Bones of the Fœtus by the Action of Madder, mixed with the Food of the Mother.* Compt. Rend., p. 1010, 4th June, 1860.

Flourens laid before the Academy a fœtus, the bones and teeth of which were of a beautiful red colour. The mother (a pig) had madder added to her food during the last forty-five days of gestation. Neither the periosteum, the cartilages, the tendons, the muscles, nor indeed any other part of the body, were at all coloured.

The author remarked that the fact was exceedingly curious, seeing that the mother communicates only indirectly by means of her blood with the fœtus. The question as to whether or not there is a direct communication between the fœtal and maternal blood, Flourens thinks is now answered in the affirmative by the specimens alluded to.

COSTE.—*Observations relative to Hereditary Transmission.* Compt. Rend., p. 1011, 4th June, 1860.

After Flourens had made the above remarks, Coste begged leave to direct the attention of the Academy to the interesting fact that the mother could not only transmit certain colours to the already formed fœtus, but even to the egg itself, and to the germ before it had undergone any of the transformations which it is necessary for it to pass through in order to develop the first lineaments of the embryo.

The fact to which he alluded is, that in certain members of the salmon tribe, the females of which have the flesh deeply coloured, the eggs themselves are impregnated with the maternal colouring matter. If, for example, the females live under certain conditions, which cause their flesh to lose its rosy tint, the ova are also colourless, and the flesh of the fish developed from them is devoid of colouring matter. On placing these fish, however, in a favorable medium, their flesh acquires the natural tint of the healthy parent. Coste thinks, if colouring matters can be thus transmitted to the ova, we can readily understand how cancer, tubercle, and other such diseases, can be handed down from parent to offspring. At the same time it points out the still more important fact, that hereditary transmissions are not irreparable if we can but place the subjects of them under conditions contrary to those in which the taint was acquired.

JOLY and MUSSET.—*New Experiments on Heterogeneity.* Compt. Rend., p. 934, 21st May, 1860.

On a previous occasion,[1] the authors called attention to the fact that snow, in falling to the earth, brings with it a small number of germs, but whether or not these germs are in time transformed into living organisms they did not state. At present they point out how organic matter, such as milk, urine, yeast, flesh, &c., when left to itself during a certain length of time, quickly becomes inhabited by low forms of life, which gradually disappear and are succeeded by higher organisms.

[1] "Microscopical Studies on the Air," 'Compt. Rend.,' 26th March, 1860, p. 648.

F. Pouchet.—*Genesis of the Proto-organisms found in Calcined Air, and in Putrescible Substances that have been heated to* 150°. Compt. Rend., p. 1014, 4th June, 1860.

Pouchet cites several experiments which he performed with the view of settling the question of spontaneous generation, and declares that he considers the results to be perfectly conclusive of the spontaneous origin of certain species of animal organisms.

L. Pasteur.—*On the Origin of Ferments. New Experiments on the so-called Spontaneous Generation.* Compt. Rend., p. 849, 7th May, 1860.

Among others, Pasteur cites the following experiment. Upwards of three ounces of fresh urine were introduced into a bottle capable of holding about eight ounces; it was then boiled for two or three minutes, and put aside to cool; but in such a way that, while cooling, the air, before entering the bottle, had to pass through a red-hot tube of platinum. When the urine had become cold, the neck of the bottle was hermetically sealed, and the bottle, with contents, placed aside on a stove kept at a temperature of about 30° C. After a month or six weeks the urine was found perfectly unchanged in appearance. The bottle was now opened, and a little asbestos, containing the dust of the air, allowed to fall into it; the neck was again closed as before, and the bottle returned to the stove. In thirty-six hours the urine contained animalcules. On the following day crystals of triple phosphates made their appearance, the urine became ammoniacal, aud the urea disappeared. Here, Pasteur says, the ferment was an organized ferment, and, moreover, it came from the dust of the air. He relates several other experiments equally conclusive. See also the two following papers.

L. Pasteur.—*New Experiments relative to the so-called Spontaneous Generation.* Compt. Rend., September, 1860, p. 348.

L. Pasteur.—*Continuation of the Preceding Communication relative to the so-called Spontaneous Generation.* Compt. Rend., November, 1860, p. 675.

J. G. Johnson (Long Island).—*Supernumerary Fingers Hereditary for Five Generations.* Amer. Med. Times, Oct. 20, 1860, p. 275.

The case examined by Mr. Johnson was the fourth child of its parents; all the other children have supernumerary fingers except the second. The mother of the children has one supernumerary finger on her right hand. The mother's mother has two supernumerary fingers, and the great grandmother had also two supernumerary fingers. The grandmother's brother, as well as one of his nephews, has the same deformity.

H. Momberger.—*Researches on the Nipple, and on the Areolæ round the Nipples.* Thesis, Giessen, 1860.

R. E. Fitzgibbon.—*Note of a Case in which a Man had Four Nipples.* Dub. Quart., vol. xxix, p. 109.

D. M'C., æt. 24, a native of Lucca, in Jamaica, copper colour, enlisted in the British Zouaves in 1859, but was rejected. He has two supplementary nipples—one on each breast, about an inch below the regular nipples; there are also two pigmentary deposits, one on each breast, higher up. When a boy, the supplementary nipples were the largest, and were a great source of annoyance to him, as, when he went to bathe, the other children used to get about him, and keep pulling at "*these things*;" the pigmentary deposits were also much larger when he was younger than they are now. There is no unusual enlargement of the mammary organ.

VEGETABLE PHYSIOLOGY.

E. J. LOWE.—*On the Temperature of the Flowers and Leaves of Plants.* Proc. Roy. Soc., No. 40, p. 534.

Lowe found that great differences occur from time to time in the temperature of plants, and much depends on the meteorology of the day, the differences being usually greater with a cloudless sky than with one loaded with cloud. The time of the day seems also to operate on some plants to a great degree; as an instance, the *Erica herbacea*, which between one and two p.m. had shown a warmth of 5° above that of the grass, by three o'clock was only 1° warmer, and by four o'clock was colder than the grass. In the majority of cases, grass is colder than flowers.

P. DUCHARTRE.—*Is Water directly absorbed by the External Organs of Plants? Experimental Researches.* Compt. Rend., 13th February, 1860, p. 359.

Contrary to the usually received opinions, Duchartre tells us that neither the stems nor the leaves of plants, young or old, absorb any of the rain that falls upon them.

LAWES, GILBERT, and PUGH.—*On the Sources of the Nitrogen of Vegetation; with special reference to the question whether Plants assimilate free or uncombined Nitrogen.* Proc. Roy. Soc., No. 40, p. 544.

From a very extended series of experiments the authors have arrived at the following conclusions:

1. The yield of nitrogen in vegetation on a given area, within a given time, especially in the case of leguminous crops, is not satisfactorily explained by reference to the hitherto quantitatively determined supplies of *combined* nitrogen.

2. In experiments with graminaceous plants, there is no evidence of an assimilation of free nitrogen; and in those with leguminous plants, the results, as far as they go, in like manner fail to indicate any such powers of assimilation.

DR. C. A. CAMERON.—*On the Sources of the Nitrogen of Plants.* Dub. Hosp. Gaz., 1st September, p. 266.

Cameron satisfied himself by experiment, that neither the free nitrogen of the atmosphere nor the combined nitrogen of humus can be assimilated by plants, and that the nutriment of plants can only be supplied by substances of a purely inorganic nature, under which designation he, however, includes ammonia and urea. Urea and the cyanurates of potash and soda are among the substances from which plants receive their nitrogen. To these he adds nitrate of potash and ferrocyanide of potassium.

E. Fremy.—*On the Composition and Mode of Production of Gum in the Vegetable Organism.* Compt. Rend., 16th January, 1860, p. 124.

The following is a résumé of the new facts Fremy ascertained:

1. Gum arabic is not a neutral immediate principle; it ought to be regarded as a compound substance resulting from the combination of a feeble acid with lime. The acid Fremy names gummic acid: it is soluble in water.

2. This acid is capable of undergoing an isomeric modification by the action of heat, or under the influence of concentrated sulphuric acid. The author calls it metagummic acid. It is insoluble.

3. Bases, chiefly lime, combine with the acid and form the insoluble gummate of lime, which possesses all the chemical characters of gum arabic.

4. The soluble compound of lime, which we call common gum, can also undergo, as Gélis pointed out, under the influence of heat, an isomeric modification—the metagummate of lime. This insoluble substance re-acquires its solubility under the influence of vegetation or of boiling water. It forms the gelatinous part of certain gums, such as that of the cherry-tree.

5. There exist in the vegetable kingdom several insoluble gelatinous bodies, which by their transformations produce different kinds of gum.

Payen.—*Starch and Cellulose: Observations on the remarkable Analogy, and different Characters of these two immediate Principles.* Compt. Rend., vol. xlviii, p. 67.

Payen.—*Observations on Vegetable Tissue; new Character by which Starch can be distinguished from Cellulose.* Compt. Rend., vol. xlviii, p. 319.

According to Payen, the ammoniacal oxide of nickel is a test by which cellulose can be readily distinguished from starch; for while this test does not exert any visible influence upon cellulose, it causes starch to swell up, and gradually undergo the same changes as in the presence of an ammoniacal solution of the oxide of copper.

E. Fremy.—*Researches on the Green Colouring Matter of Leaves.* Compt. Rend., 27th February, 1860, p. 405.

Some of the conclusions at which Fremy has arrived are:—1. The green colouring-matter of leaves may give origin to a blue and to a yellow pigment. 2. These colouring matters combine with silica, and form insoluble compounds. 3. The yellow is a more stable colouring-matter than the blue.

A. Froehde.—*Contribution to our Knowledge of Albuminous Substances.* Erdm. Journ., vol. lxxvii, part 5, p. 290. Canst., vol. i, p. 205.

The researches of Froehde were made upon legumin obtained from lentil-meal, by stirring it in tepid water for a considerable time, adding a few drops of ammonia, and then filtering it through cloth. The legumin was separated from this solution, in the form of a fine white precipitate, by means of dilute acetic acid. The precipitate was purified by washing it with hot water, with alcohol, and lastly with ether, in order to free it from fat. The ether and alcohol were, in their turn, removed, by redissolving the substance in water, and reprecipitating it with dilute sulphuric acid. Legumin, so prepared, when perfectly dry, is brittle and of a yellowish-brown colour. Ten pounds of lentil-meal yielded two pounds of legumin.

The legumin, when mixed with chromate of potash and sulphuric acid, and distilled, yielded hydrocyanic, formic, acetic, propionic, butyric, valerianic, caproic, and benzoic acids, &c.

SUBJECTS OF GENERAL INTEREST.

E. Baudrimont.—*Chemical Composition of Hair.* Journ. des Connaiss. Méd., No. 24, p. 328.

A. Bechamp.—*Researches on the Products obtained from the Oxidation of Albuminous Substances with the Permanganate of Potash.* Annal. de Chem. et de Phys., vol. lvii, p. 291.

F. Pouchet.—*Researches on the Substances introduced by the Air into the Respiratory Organs of Animals.* Compt. Rend., p. 1121, 18th June, 1860.

Gibb.—*On the Laryngoscope: its Value in Healthy and Diseased Conditions of the Throat and Windpipe.* Lancet, 29th September, p. 307. (This article consists of a description of Czermak's experiments.)

Fonssagrives.—*On the Artificial Illumination of the Cavities of the Body by means of Luminous Tubes.* Compt. Rend., 23d January, 1860, p. 185.

For the examination of the fauces, of the uterus, of the nasal cavity, &c., Fonssagrives proposes the employment of the electric light in the empty tubes of Geissler. The advantages of this light consists in its brightness, and more especially its not giving off any heat.

Dr. John Ogle.—*On the Use of the Ophthalmoscope as a Help to the Diagnosis in Diseases of the Nervous System.* Med. Times and Gaz., 9th June, p. 572.

Ogle remarks that the condition of the deeply seated and delicate vessels of the eye-ball may be, to a certain extent, a criterion of the state of the cerebral vessels; and that, therefore, the ophthalmoscope might prove of service in the diagnosis of brain disease. He cites several cases in which he found it useful; and concludes by saying, that in some cases its application might be instrumental in diagnosing between giddiness and other symptoms proceeding from actual organic change and the same symptoms arising from disturbance in other distant parts, as in the digestive organs, and, therefore, strictly sympathetic in character. Again, it may prove useful when it is doubtful whether such and such symptoms are owing to *repletion* or to *defective* and even sinking powers, just as the state of the fontanelles is looked upon as being a useful guide in such doubtful instances.

Brown-Séquard.—*Hereditary Transmission of an Epileptiform Affection accidentally produced.* Proc. Roy. Soc., No. 38, p. 297.

For several years, Brown-Séquard has frequently observed that the young of a number of epileptic guinea-pigs, which he kept in his laboratory, were at times attacked with epileptiform convulsions. For many months he had made observations on this subject, and had ascertained that six young guinea-pigs, which had frequent attacks of convulsions, were the offspring of one male and two females rendered epileptic in consequence of an injury to the spinal cord.

Dr. Martyn (Bristol).—*On Connective Tissue.* Archiv. of Med., No. vi, p. 99.

Martyn thinks it is not too much to say that "cellular pathology, with all its ramifications, is based on and rooted in the doctrine of connective substance;" for it is in it and the allied tissues that, according to Virchow's school, morbid processes begin.

Tendon, which may be regarded as a good example of dense connective tissue, consists of—1, cells; 2, fibres; and 3, a substance which Martyn calls "extracellular."

As the *cells* are more difficult to understand as their age advances, our author has given a figure of them (fig. 2, Plate ix) from an infant at birth. They are then, he says, fusiform, forked, or caudate, including a long, dark-bordered nucleus, and are prolonged into fibres, which, when traced upwards or downwards, lead to other cells, also including nuclei. These fusiform cells are arranged at pretty regular intervals throughout the tissue, and have a great tendency to sit closely to the large nuclei, and thus their presence is often marked only by the existence of a sort of triangular gap, above and below the nucleus. In the adult tendon some of the cells have become still more closely attached to their nuclei, and their prolongations are so very fine as to escape notice readily, while in others a metamorphosis into fibres has taken place. Secondly, there are *fibres* in part proceeding from, and in part meandering between, the cells. These fibres are elastic tissue in a very rudimentary condition. The finely drawn-out cell, already referred to, may in some cases be long enough to extend as a fibre across the entire field of the microscope. When studying the adult tendon, Martyn proceeds as follows:—A very thin section of half-dried adult tendon, after being freed from fat, by dipping it several times into ether, and instantly pressing it between folds of blotting-paper, is placed with a drop of water, containing glycerin, under a power of 300 diams. When the section has expanded to its original width, a drop of dilute nitric acid is allowed to come in contact with it; the whole then becomes pale, and the cells are distinctly seen to have fine fibres attached to their points. Here and there a nucleus may be observed to shrivel and curl up, and become apparently, or even really, detached from its processes. The fibres are very fine, often requiring the smallest amount of light to be seen; and it is not easy to measure their thickness, some being less than $\frac{1}{40000}$th of an inch. Acetic acid renders them invisible, leaving the elastic fibres unaffected, so that the cells seem to be merely nuclei, and the fibres to have no relation to them; the truth being that the coarse fibres in adult tendon are never attached to cells retaining their typical form, while the true fine fibres which are attached to such cells have disappeared. Thirdly, there is between the cells and fibres a gray, longitudinally striated mass, which may be torn into smaller and smaller bundles, but not into ultimate fibrils. This is what our author terms "*extracellular*" substance.

In transverse sections all the three elements are distinct; but another appearance is now added, to which great importance has been attached. Each cell has several processes radiating from it, and, especially in young specimens, there is a clear anastomosis between the cavities in the radii of adjacent stars. Virchow observed that these stellate bodies bear a striking resemblance to the lacunæ and canaliculi of bone, and concluded that they were similarly arranged for what he called an "intermediate-juice-channel system." Our author fully details the various views which have lately been advanced upon this point, and adds some important remarks of his own; but as they extend over ten pages or more, and require the use of the figures to be properly understood, we must beg to refer our readers, who desire further information, to the original.

Prof. C. O. Weber.—*On the History of the Development of Pus.* Virchow's Archiv, vol. xv, p. 465.

That the corpuscles of connective tissue play an important, if not even the most important, part in the development of pus, is a theory which is rapidly gaining ground among German physiologists. In the present communication Weber traces the formation of the pus-corpuscle in periosteum, in muscle, in nerve, &c. With regard to its origin in the first-named tissue, he states, that if a portion of periosteum be removed from the neighbourhood of a suppurating fracture, or a bone affected with caries, the connective-tissue corpuscles will be found very much enlarged, and their nuclei increasing in number by subdivision. The fine anastomosing branches proceeding from the cells also become enlarged and filled with nuclei and fat-granules. Nearer to the seat of suppuration the same thing is observed in a more advanced stage; the contents of the connective-tissue corpuscles being seen to be now filled with true pus-cells, and even their fine tubes in the same condition. In muscle the development of pus proceeds in precisely the same manner, the so-called muscle-corpuscles being the cradle out of which the pus-cells spring. In nerve there is nothing different observed, except that it is in the corpuscles of the neurilemma that the development of the pus-cells begins. As the suppuration proceeds onwards, the nerve-tubes themselves become affected, fat-granules appear in their interior, and they gradually degenerate.

Bödecker.—*A new Contribution to our Knowledge of Pus, and on the different Compositions of the Contents of two Ovarian Cysts.* Henle u. Pfeuf. Zeits., vol. vii, pp. 145, 149. Canst., vol. ii, p. 84. Schmidt, vol. 106, p. 147.

The pus was obtained from an abscess, from an otherwise healthy man; it had a pale-yellow colour, no smell, slightly alkaline reaction, and a sp. gr. of 1022. It contained leucin, but neither sugar nor urea, and on analysis yielded the following result:

Water	88.76	per cent.
Solids	11.24	,,
Organic matter	10.115	,,
Inorganic matter	1.125	,,
Albumen	4.38	,,
Mucus, Pus-corpuscles, Glutin, &c.	4.65	,,
Cholestearin and Neutral Fat	1.09	,,
Chloride of Sodium	0.59	,,
Other Alkaline Salts	0.32	,,
Earthy Phosphates and Iron	0.21	,,

Bödecker also examined the fluid of two ovarian cysts from the same woman. One of the cysts was of old standing, the other of very recent formation.

1. *Fluid from the old cyst.* It was of a clear yellow colour, slightly alkaline reaction, not glutinous, of a sp. gr. of 1009, and contained 5.77 per cent. of solid matter, which consisted chiefly of albumen and some chloride of sodium. Mucus was only present in the very smallest quantity. Glutin, or a somewhat analogous substance, leucin, and ammonia, were found; but neither urea, sugar, nor tyrosin could be detected.

2. *Fluid from the recently formed cyst.* It was of a reddish-brown colour, thick, and glutinous, had an alkaline reaction, and a sp. gr. of 1049. It contained nearly 21 per cent. of solid matter, no sugar or tyrosin, but a little urea, ammonia, and leucin (less than in the old cyst).

F. Hoppe.—*On the Chemical Composition of the Cerebro-spinal Fluid.* Virchow's Archiv, vol. xvi, p. 391. Canst., vol. ii, p. 84.

Hoppe analysed the fluid obtained (by puncture) from two cases of spina bifida and three cases of hydrocephalus. The first case of spina bifida was punctured four times, and in every 1000 parts of fluid were—

	I.	II.	IV.
Albumen	1.62	2.64	2.46
Water-extractive	0.70	0.35	0.42
Alcohol-extractive	9.57	2.48	2.23
Soluble Salts		7.52	8.21
Insoluble Salts	0.25	0.15	0.28
Solids	12.51	13.12	13.28
Water	987.47	986.88	986.72

The fluid had a strong alkaline reaction, became slightly turbid when heated, but did not coagulate until after acetic acid was added. Nos. 1 and 2, when tested for sugar, reduced the oxide of copper; but No. 4 did not; so it was concluded that only the former contained sugar.

The second case of spina bifida was twice punctured, and on both occasions yielded an alkaline fluid, which gave off carbonic acid gas on the addition of acetic acid. Only the fluid obtained the second time reduced the oxide of copper. The analysis gave in 1000 c.c. (= 1.761 pints):

	I.		II.	
	Grammes.	Grains.	Grammes.	Grains.
Albumen	0.25	3.875	0.55	8.525
Extractive matter	2.30	35.650	2.00	31.000
Soluble Salts	7.67	118.885	7.20	111.600
Insoluble Salts	0.45	6.975	0.45	6.975
Solids	10.67	165.385	10.20	158.10

Fluids Nos. 2 and 4 from the first case, and No. 1 from the second case, were tested for potash, and only traçes were detected.

The fluids obtained from the first and second cases of hydrocephalus contained (as also did the others) no indican. Sugar was not detected in the first; but in the second it appeared to be in considerable quantity—nearly 1 gramme (= 15½ grains) in 1000 c.c. (= 1.761 pints). The fluid obtained from the second case of hydrocephalus, when punctured the third time, had a sp. gr. of 1005, coagulated on being heated; it contained no blood-corpuscles, had an alkaline reaction, and was devoid of sugar. On analysis by the polariscope, it yielded in 1000 c.c. (= 1·761 pints)—

	Grammes.	Grains.
Albumen . . .	11.79	182.745
Alcohol-extractive . .	0.84	13.020
Water-extractive . .	0.48	7.440
Soluble Salts . .	7·54	116.870
Insoluble Salts . .	0.35	5.425
Solids . . .	20.99	325·345

The fluid taken from this case after death was of a greenish-yellow colour, and floating in it were a considerable number of pus-cells. It was coagulated by heat and by acetic acid, and contained therefore not only meta-albumen, but also ordinary albumen. No sugar was detected in it. The pure cerebro-spinal fluid, on the other hand, contained meta-albumen, but no ordinary albumen. Hoppe looks upon the coagulability of the cerebro-spinal fluid by heat, and therefore the presence of ordinary albumen in it, as a characteristic sign of inflammatory action. He gives the subjoined analysis of some pure cerebro-spinal fluid (with the exception of a few blood-corpuscles) taken from a girl aged five months. It contained no sugar, and did not become turbid on being heated:

	1000 c.c. Grammes.	1·761 pints. Grains.
Albumen . . .	0.70	10.850
Extractive matter . .	1.57	24.335
Soluble Salts . . .	7.67	118.885
Insoluble Salts . .	0.53	8.215
Solids . . .	10.47	162.285

C. Bödecker.—*On the Quantitative Analysis of Albumen in Solutions by Weighing, and by the Volumetric Method.* Henle and Pfeufer, vol. v, parts 2 and 3. Canst., vol. i, p. 205.

The old method of estimating the quantity of albumen in a liquid by coagulating, drying, and weighing, Bödecker says, is not only fatiguing, but also occasionally inexact; he proposes, therefore, to calculate the quantity of albumen by means of a standard solution of ferrocyanide of potassium. The standard solution is prepared by dissolving 1.309 grammes (about 21 grains) of ferrocyanide of potassium in 1000 c.c. (1.761 pints) of distilled water; each c.c. of this liquid represents one milligramme of albumen. The solution of albumen about to be analysed, if concentrated, is to be first diluted with water, neutralised with acetic acid, and well mixed. And in those cases where the albumen is contained within a membrane, as in the egg, for example, it ought to be thoroughly beat up, diluted with five volumes of water, four of acetic acid, and filtered.

In order to ascertain if the solution of albumen is sufficiently diluted, Bödecker mixes a small quantity with half its volume of the standard solution, filters, and divides it into two portions; one of which he tests with albumen, the other with ferrocyanide of potassium. If the first becomes muddy or yields a precipitate, while the latter remains clear, the solution is sufficiently diluted.

From a number of analyses which the author made of the albumen in the fluid of hydrocele, of the egg, in urine, &c., he has been led to believe that the method by volume is much more rapid, and as trustworthy as the old method by weighing.

Dr. F. Harris.—*On the Nature of the Substance found in the Amyloid Degeneration of various Organs of the Human Body.* A Thesis for a Medical Act in the University of Cambridge. Westminster, 1860, pp. 23, with a plate.

In order to show that any substance found in the animal kingdom is strictly analogous to the amylaceous group in the vegetable kingdom, Harris says, it is necessary not only to show that it forms with iodine colours more or less resembling those produced by starch, but also that it is a non-nitrogenous substance; nor are these characters even sufficient, as cholestearin (a non-nitrogenous body) gives with iodine and sulphuric acid a blue colour, much resembling that which cellulose shows under the same circumstances; so that, in order to prove the amylaceous nature of any animal substance, it is also necessary that it should, in addition to those properties, be convertible into sugar. From his observations, he has been led to make the following statement:—The pale-blue colour given with iodine by the amylaceous bodies found in the brain differs considerably from the colour given by starch. And although sometimes the phenomena the cerebral amylaceous corpuscles exhibit with polarized light much resemble those exhibited by starch, yet, until the former bodies have been shown to be convertible into sugar, Harris thinks we must answer this question in the negative. The next question discussed is—Is the substance found in the amyloid degenerations of the different organs of the body cellulose? It differs, the author says, from cellulose in producing a red-brown colour with iodine alone, and in its slight resistance to the action of alkalies. All attempts, too, to convert it into sugar have, up to the present time, been unsuccessful. So we are justified in concluding that the reactions of these amyloid substances with iodine and sulphuric acid indicate their analogy, not their perfect identity, with the substances of the amylaceous group.

Erlenmeyer and Schöffer.—*On the Products of Decomposition of Albuminous Substances.* Verh. d. natur.-med. Ver. zu Heidelberg, ii, p. 9, 1860.

Erlenmeyer and Schöffer found—(*a*) in ligamentum nuchæ, leucin and tyrosin; (*b*) in blood-fibrin, 14 per cent. of leucin and 2 per cent. of tyrosin; (*c*) in muscle-fibrin, 18 per cent. leucin and 1 per cent. tyrosin; (*d*) in the white of hen's egg, 10 per cent. leucin and about 1 per cent.

tyrosin; (*e*) in horn, 10 per cent. leucin and 3.6 per cent. tyrosin. Our authors recommend, as a good test for tyrosin, the nitrate of mercury; it gives, they say, a red colour with an aqueous solution of pure tyrosin, and, after boiling, a red crystalline precipitate. Nitrate of the protoxide of mercury, on the other hand, gives only after prolonged boiling a feeble red colour with the same solution; and this probably arises from some of the protoxide becoming changed to oxide of mercury during the process of boiling.

CH. ROUGET.—*On the Amyloid Substances in the Tissues of Animals, especially of the Articulata* (*chitin*). Comp. Rend., vol. xlviii, p. 792.

On a previous occasion, Rouget tried to establish the fact, that the amyloid substance discovered in the placenta of the mammalia is not the product of a particular organ, or confined to any one class of cells. The author has found it, he says, in the epithelium of the skin, of the mouth, of the stomach, and of the intestines; and that it corresponds exactly with glucogene obtained from the liver, and with the amorphous amylaceous matter found in vegetable cells. In the present communication are indicated some further points of analogy existing between chitin and cellulose. If, for example, fresh chitin be boiled during half an hour with five times its weight of caustic potash in a small quantity of water, a quantity of ammoniacal vapours are given off, it loses about half its weight, and changes its appearance without, however, losing its histological characters. In this state, tincture of iodine, either alone or combined with acetic acid, produces with it a violet, while iodized chloride of zinc gives to it a pure blue colour. It is soluble in acetic and tartaric acids, and in water acidulated with $\frac{1}{200}$th of nitric or hydrochloric acid, especially if a gentle heat be applied. It is precipitated from its solution by alcohol and by alkalies in the form of a semi-transparent jelly, which, when dried, is a yellowish substance like gum or dextrin. Dissolved in concentrated sulphuric acid, chitin yields a brown liquid; if, however, fifteen or twenty times its volume of water be immediately added, it is thrown down as a white precipitate. Should the water not be added for twelve or twenty-four hours, part of the chitin will become changed into sugar, as can easily be shown by neutralising the solution with potash, and boiling it with sulphate of copper.

C. SCHMIDT (Dorpat).—*On the so-called "Animal Starch"* (*Substance of the Amylaceous Corpuscles*). Liebig's Annal., vol. cx, p. 250. Canst., vol. i, p. 220.

Schmidt considers that the mere fact of an animal substance yielding a blue colour with iodine, or with iodine and sulphuric acid, is not of itself sufficient proof that the substance under examination belongs to the amyloid group. He examined the amylaceous corpuscles in as pure a condition as it is possible to obtain them from the choroid plexus of the human brain, and attempted by different means to transform them into sugar, but without success. The author concludes, from the results obtained from his experiments, that the so-called "animal amyloid" does not belong to the non-nitrogenous amylaceous group, but is, on the contrary, a nitrogenous albuminoid substance.

A. Sanson.—*On the Existence of Glycogene in the Organs of the Herbivora, and on the Influence of Alimentation on the Production of this Substance.* Journ. de la Phys., vol. ii, 1859, p. 104. Canst., i, p. 66.

Sanson has collected the results arrived at by others regarding the occurrence of dextrin in the blood and tissues of the herbivora (see last Year Book, p. 86). According to his observations, dextrin is constant only in the muscles of sound horses, although it occasionally occurs in the muscles of other herbivora. Sanson believes its absence to be due to the manner in which these animals are slaughtered—that is, by being bled to death—the blood alone containing the glucogenic matter. In animals otherwise destroyed the dextrin is readily discovered. He still maintains that it is illogical to regard the liver as the site of the formation of the glucogenic substance, and believes that the dextrin found in that organ is derived from the food.

Dr. Frankland.—*On the Composition of Air from Mont Blanc.* Chem. Quart. Journ., April, p. 22.

As far as the quantities of nitrogen and oxygen are concerned, Frankland ascertained that they fell within the limits of variation noticed by former experimenters; and although the comparatively high per-centage of carbonic acid which he found in the air from the Grands Mulets confirms the observations of Messrs. Schlagintweit as to the presence of a larger amount of this gas at great elevations, yet the diminution of the quantity to about the normal amount, which takes place on the summit, shows either that this gas attains a maximum at a height of about 11,000 feet, and again diminishes above this altitude, or, as is much more probable, the per-centage of carbonic acid is *generally, but not invariably,* greater in the higher regions of the atmosphere. These results also exhibit a correlation between atmospheric oxygen and carbonic acid; for when the one increases, the other diminishes—a fact which will be better seen by the following table:

	Per-centage of Carbonic Acid.	Mean per-centage of Oxygen in air free from Carbonic Acid.
Grands Mulets	0.111	20.802
Summit	0.061	20.963
Chamouni	0.063	20.894

This result, if it be confirmed, Frankland thinks, cannot be regarded as unexpected, when we consider the effect of vegetation, combustion, and respiration on the constituents of the atmosphere; but both this and the comparative amount of carbonic acid at great altitudes are problems, the solution of which must be left to future and more extended inquiries.

F. P. Le Roux.—*On the Production of Ozone by means of a Platinum Wire, rendered red hot by the Electric Current.* Compt. Rend., 2d April, 1860, p. 691.

If the head be held directly over a fine platinum wire, rendered red hot by a current of electricity passing through it, an unmistakeable odour of ozone will be perceived. And if the heated air coming from the wire be collected in an inverted funnel with a long chimney, in order that it may be cooled in its passage upwards, not only will the nose be able to detect the presence of ozone, but test-papers held over the funnel will give distinct evidence of that substance by changing their colour in the course of a very few minutes. From this result, Le Roux thinks we are authorised to conclude that atmospheric air, in passing over a fine wire of platinum, heated in the manner described, undergoes a modification, and acquires the characteristic properties of ozone; and further, that this fact permits one to hope that this will prove an easy method of obtaining ozone in quantity. Whether or not the electricity acts merely as a heating agent, or exerts some special property in the production of the ozone, Le Roux is not yet prepared to offer an opinion.

E. J. Lowe.—*A New Ozone-box and Test-slips.* Proc. Roy. Soc., No. 40, p. 531.

The box is simple in construction, small in size, and cylindrical in form; the chamber in which the *test-slips* are hung is perfectly dark, and has a constant current of air circulating through it, no matter from what quarter the wind is blowing. The box is made by Negretti and Zambra, of Hatton Garden.

Lowe makes his test-slips of calico, as it is stronger than paper. From experiments made with the box, he has drawn up several tables, which show that ozone is always in excess in the night, and that the tests exposed for twenty-four hours are much more acted on by the ozone than those exposed only for twelve hours.

The mean amount of ozone, with the box suspended at the height of twenty-five feet, was—

1859,	December.—	24 hours' exposure = 3.0	48 hours' exposure = 5.0
1860,	January.—	„ „ = 3·9	„ „ = 4·5
„	February.—	„ „ = 3·7	„ „ = 5·4
„	March.—	„ „ = 5·9	„ „ = 6·4

Mean amount of ozone, with box suspended at the height of forty feet, March, 1860, with twenty-four hours' exposure = 7.1.

Gorup-Besanez.—*On the Action of Ozone on Organic Compounds.* Annal. der Chem. u. Pharm., vol. cx, p. 86. Canst., vol. i, p. 184.

The ozone employed by the author was prepared by Marignac's method. Moist air being drawn by means of an aspirator through a long glass tube containing a few pieces of pure phosphorus, the air so ozonized was then passed through two Woolf's bottles, containing water, in order to remove the phosphoric acid; and lastly into a watery solution of the substances about to be experimented upon. In those cases where the substances themselves were fluids, to make a watery solution was of course unnecessary. When a greater quantity of ozone was required than could thus be obtained, it was prepared by means of phosphorus in large glass vessels (sulphuric-acid bottles), in the ordinary way. In following out these experiments, the author did not consider that any substance was incapable of being acted upon by ozone until the experiment had been continued during many hours with negative results.

(1) Urea: ozone acts as little upon it as any other oxidizing agent.

(2) Uric acid is rapidly acted upon by ozone, and becomes soluble in water. On the water being carefully evaporated, yellow prismatic crystals are obtained, resembling allantoin. They are more soluble in hot than in cold water, and with their solution nitrate of silver gives a precipitate which, when examined under the microscope, is seen to consist of little balls. By decomposing the silver compound with sulphuric acid, and recrystallising it from hot alcohol, pure white crystals are obtained. By evaporating the fluid from which the crystals of allantoin separated, a considerable quantity of urea is likewise obtained.

(3) Allantoin is not acted upon by ozone, neither (4) is alloxan (5) nor creatin. Ozone acts, however, on (6) creatinin. The solution loses its alkaline reaction, becomes acid, and contains creatin. (7) Leucin is not acted upon, or at least but very slightly.

(8) A clear solution of albumen, when exposed to a current of ozone, becomes muddy, and appears reddish by direct, greenish yellow by transmitted light. At the same time, flocculi appear in the solution, which have a strong resemblance to fibrin, although they are not soluble in nitric acid. The formation of these coagula ceases after a time, and shortly afterwards even those formed begin to redissolve, the fluid becoming gradually clearer, and the absorption of ozone by degrees ceasing. At last the liquid, containing only a few light flocculi, which gradually subside to the bottom of the vessel, possesses a slightly acid reaction. Neither heat, mineral or organic acids, nor metallic salts, with the exception of acetate of lead, has now the power of precipitating or coagulating this solution. There is, therefore, no longer any albumen present. Alcohol renders the liquid turbid. On standing there are no crystals formed; but if slowly evaporated, there remains behind a brownish-coloured substance, partly soluble in alcohol. From this alcoholic solution long prismatic crystals, in star-shaped groups, are obtained. It is possible that they are benzoic acid. No urea can be detected. The change which ozone causes albumen to undergo is in many respects similar to that caused by pepsin—peptone.

(9) Ozone acts equally energetically on casein. At first the fluid in which the casein is dissolved becomes turbid; it then gradually clears, and at length looks exactly like the solution of albumen. Acetic acid no longer precipitates the casein, but on the addition of heat coagulation occurs. So, at this stage of the process, the casein appears to have been transformed into a substance resembling albumen. If the action of ozone, however, be prolonged, a result is obtained exactly similar to that described as occurring with albumen.

(10) When milk is treated with ozonized air, after a few days its casein entirely disappears, while the fat of the milk remains unchanged for several weeks. If the milk be evaporated after being so treated, a large quantity of milk-sugar is obtained. Casein appears, therefore, to be much more readily affected by ozone than milk-sugar.

(11) Fibrin is not acted on by ozone; neither is (12) bone-gelatin, nor (13) inosite.

(14) Bile, when freed from mucus, colouring-matter, and fat, undergoes no change; but if the ozone be passed through crude fresh bile, it is decolourized; and on being evaporated leaves a residue soluble in alcohol. Ozone would, therefore, appear to destroy both colouring-matter and mucus.

(15) Hippuric acid is not acted on by ozone. Gorup-Besanez concludes from his researches that the action of ozone in the animal economy resembles a decomposing rather than an oxidizing process.

H. SCHRÖDER.—*On the Filtration of the Air, in reference to Putrefaction, Fermentation, and Crystallization.* Annal. der Chem. u. Pharm., vol. cix, p. 35. Canst., vol. i, p. 185.

On a previous occasion, Schröder, in concert with Dusch, called attention to the fact that when air is filtered through cotton wool before it is allowed to come in contact with organic substances, the putrefactive and fermentative processes are retarded. Schröder in the present communication repeats the same statement, and relates at the same time a number of original experiments, from among which we select the following:

1. Fresh albumen was put into a bottle, mixed with water, and heated to the boiling point. When that was reached, the mouth of the bottle was immediately closed with cotton-wool, and the whole set aside in a room the temperature of which varied from 10° to 15° R. In twenty-eight days, the contents of the bottle were examined, and found to be perfectly fresh and unchanged; even with the microscope the author failed to detect any organized bodies in the mixture. The same portion of albumen was now left freely exposed to the air, that is to say, the mouth of the bottle was no longer closed with cotton wool, and notwithstanding this, it was not until other nine days had elapsed that any putrid odour could be discovered.

2. Another quantity of albumen treated exactly in the same way, with the exception of the mouth of the bottle being left open from the first, had already shown signs of decomposition in eight days. Hence it would appear, that albumen freely exposed to the atmosphere, after it had already stood twenty-eight days in contact with filtered air, does not putrefy sooner than if it had, while perfectly fresh, been from the commencement so exposed.

A second series of experiments was made in order to ascertain if ozone had anything to do with the putrefactive process. Another glass bottle, containing albumen and water, besides having the air supplied to it filtered, had also a stream of ozone passed through it during several hours each day. At the end of thirty-eight days, the bottle was opened, and its contents examined. There was no trace of putrefaction, or of any organized beings in the mixture. The author concludes therefrom, that ozone is not the substance which induces putrefaction in organic matters.

Albumen without water, when kept in contact with air filtered through cotton wool, also remains unchanged.

Experiments made with the yolk of the hen's egg yielded different results. Stopping up of the mouth of the bottle with cotton wool did not seem to retard in the least degree the putrefactive process. The disagreeable odour, and the presence of vibriones, were detected quite as soon in the bottle to which filtered air was admitted, as in the one freely exposed to the atmosphere. If, however, the yolk was mixed with water and well boiled, by being kept at a temperature of 160° C. during a considerable time, it was then possible to preserve it fresh by means of the cotton wool. Sometimes, however, even this experiment did not succeed.

Milk behaved like the yolk of the hen's egg, sometimes yielding one, sometimes another, result. In order to discover the cause of this, Schröder made several experiments with the different constituents of milk, and the conclusion he came to is that casein, whey, and milk-sugar, when kept separate under filtered air, remain perfectly unchanged; but when united in the form of milk, from some as yet unknown cause, are prone to putrefy.

Fatty casein, coagulated by means of acetic acid, may be kept along with a solution of cane-sugar, under filtered air, for at least two months, without fermenting; whereas when the same substances are exposed to ordinary air, fermentation soon sets in, and the cane is transformed into grape sugar, which in its turn passes into lactic acid.

Coagulated hen's blood, after being kept in contact with filtered air during forty-one days, was found still unchanged; while another portion of the same blood in contact with non-filtered air became putrid in eleven days.

Boiled urine remained fresh for a year and a half, in contact with filtered air.

These and other experiments show, that nearly all organic substances such as blood, fibrin, albumen, casein, whey, milk-sugar, cane-sugar, grape-sugar, boiled starch, urine, &c., put into a glass vessel, brought to the boiling point, and while still hot closed up with cotton wool, may remain during months and years unchanged, although filtered air has free access to them. Only muscle, yolk of egg, and milk, in the generality of cases, it appears, cannot be so preserved. The substances never become mouldy, and even the fermentation of muscle differs from the ordinary putrefactive process in open air.

Whether the fermentation and putrefaction of organic substances be induced through the contact of minute organized germs floating in the air, or of an unknown chemical substance which cotton wool has the power of attracting, it is impossible to say; but the above-mentioned experiments, at least show that mould can only be developed from spores or germs carried by the air, and that cotton wool possesses the power of arresting them. Why muscle, yolk of hen's egg, and milk should occasionally putrefy in spite of filtered air alone being permitted to come in contact with them, is a point most difficult to explain, and one which Schröder admits is not perfectly in accord with the before-mentioned theory.

Van den Broek (Compt. Rend., p. 773, 23d April, 1860) calls the attention of the Academy to two papers, one on the fermentation of the juice of the grape, the other on the putrefaction of uncooked animal substances, which he published in 1858 and 1859. The conclusions he arrived at are—1, oxygen has no influence either on the fermentation of the juice of the grape, or on the putrefaction of animal matters; and 2, it is an organic ferment which produces putrefaction, without the aid of the atmosphere, except in so far as it is the vehicle of the ferment.

Dr. MESSER.—*Report on the Condition of the Prostate in Old Age.* Trans. Med. Chir. Soc:, p. 145. Med. Times and Gazette, 19th May, 1860.

The report is founded on the dissection of 100 specimens taken from persons over sixty years of age: The author arranged them as follows :

First, those under four drachms' weight; second, those between four drachms' and six drachms' weight; third, those over six drachms' weight. By so doing, a broad division is at once made between those that are comparatively healthy—namely, the first and second classes—and those that are so altered as to be likely to affect the health of the patient, comprised in the third class. In the first class there are twenty cases, giving—

	Minimum.	Maximum.	Medium.
Age	67	87	75·9
Weight	2 drs. 5 grs.	3 drs. 50 grs.	3 drs. 10 grs.

These cases, for the most part, differed from the normal state only in point of size, and offered no obstruction to the flow of urine. The presence of small black concretions was very general in these as well as in all the other cases. In four cases there were slight appearances of the formation of circumscribed tumours. In one case abscess was found associated with stricture of the urethra. In one the posterior lobe showed a tendency to enlargement; but it was difficult to say whether the enlargement was more intimately connected with the prostate or with a fasciculus of the muscular coat of the bladder. In the second class are forty-five cases, which may be considered normal in condition, and which give—

	Minimum.	Maximum.	Medium.
Age	60	94	76.2
Weight	4 drs.	6 drs.	4 drs. 57 grs.

None of these cases suffered from urinary obstruction connected with the prostate during life, although the bladder was often found fasciculated. In twelve of these circumscribed tumours were observed, for the most part only slightly developed ; in three, the posterior lobe was slightly enlarged ; in one, abscess was present, the consequence of general paralysis. In the third class are thirty-five cases, which give—

	Minimum.	Maximum.	Medium.
Age	60	87	75·2
Weight	6 drs. 15 grs.	48 drs.	15 drs. 2 grs.

In seventeen of these, the enlargement affected both lateral and posterior lobes ; in fourteen, the enlargement existed chiefly in both lateral lobes ; in one, the enlargement affected only the left lateral and posterior lobes ; in one, enlargement preponderated in the left lateral and posterior lobes ; in one, enlargement preponderated in the left lateral lobe ; in one, enlargement preponderated in the posterior lobe. Thus it appears that 35 per cent. of all prostates after the age of sixty are abnormally large, 20 per cent. are abnormally small, and 45 per cent. are within the limits of the normal weight. This enlargement is principally caused by increase of the fibrous element of the body ; the glandular also being increased in amount, but not to the same degree. This new fibrous tissue is deposited in concentric layers, and so forms circumscribed tumours. The frequency of this fibrous deposit is shown by the fact that it was present in thirty-four out of thirty-five cases of enlargement, in twenty-seven of which it was found in the form of tumours; in seven, there was no appearance of tumours.

FILHOL and JOLY.—*Analysis of Milk from Different Races of Sheep.* Comp. Rend., vol. xlvii, p. 1013. Canst., vol. i, p. 211.

Every one is familiar with the fact, that different races of the same species of animals are characterised by certain external peculiarities; few, however, are aware that the chemical composition of the internal secretions in a similar manner varies with the race. The researches of Filhol and Joly have clearly demonstrated this fact as regards the milk of the sheep. Their analyses of the fresh milk of different races of sheep fed in the same manner, and kept under the same conditions, on a farm near Toulouse, gave the following results:

	ENGLISH SHEEP.					
	Dishley.		Southdown.	Merino.	Laraquais.	Tarascon.
Casein	7·50	7·90	6.50	9.02	8.30	8.05
Butter	5·00	3·70	4.00	7·60	10.40	10.40
Sugar	5·80	5·35	4·61	4·37	4·16	4·16
Extractive and Salts .	0·70	0·55	0·69	0·61	0.16	0.16
Water	81.00	82.50	84·20	78.40	76·98	77·23
	100.00	100.00	100.00	100.00	100.00	100.00

The greatest variation is seen to be in the quantity of butter yielded by the different races of sheep; the milk of the Laraquais and Tarascon sheep is the richest, that of the English the poorest in that ingredient.

SCHLOSSBERGER.—*The Bile of the Kangaroo.* Liebig's Annal., vol. cx, p. 244. Canst., vol. i, p. 235.

The bile that Schlossberger examined came from an animal that died of indigestion. It was perfectly neutral, thick, reddish yellow, and had a peculiar smell. The microscope revealed in it small, round, conglomerate, yellow crystals, resembling leucin. They were soluble both in ammonia and nitric acid; but the quantity was too small to allow of their true nature being discovered. The analysis of the bile gave, in 100 parts—

Water	85·87	
Solids	14·13	
Mucus and Colouring-matter . . .		4·34
Cholestearin and Fat		1·09
Salts of the Biliary Acids . . .		7·59
Loss, and other Salts		1.11
		14·13

The biliary acids contained only 2.47 per cent. of sulphur. The bile of the kangaroo is therefore, with the exception of the pig's, the poorest in that substance.

A. W. Volkmann.—*On the Elasticity of Organic Tissues.* Reichert and Du Bois' Archiv f. Anat. und Physiol., 1859, p. 293. Canst., vol. i, p. 22.

In order to determine whether, as Wundt had asserted, in organic tissues, as in other elastic bodies, extensibility and elasticity are proportional, the author recorded, with the aid of the kymographion, the changes in length sustained by a silk thread, a human hair, a dog's artery, a human vagus nerve, and three lingual muscles of frogs. The results of his observations confirm the fact, that the extensibility of the organic tissues is not proportional to their elasticity, but as the latter increases, the former proportionally diminishes.

Lambl.—*On the Epithelial Cells of the Intestinal Mucous Membrane as Protective Organs, and on the Mechanism of Absorption.* Wiener Med. Wochensch., 1859, Nos. 24, 25.

The author finds that the cap-shaped bodies of the intestinal epithelial cells are, normally, *not* striated, but smooth, uniformly lustrous, and strongly refractive. Amici agrees with him in regarding the striæ as due to the use of object-glasses of insufficient aperture. Lambl believes that the little caps are rims which produce a cup-shaped space on the surface of each epithelial column. Striation and vertical splitting occur in disease—*e. g.*, about tuberculous ulcers and in amyloid epithelial degeneration. The author thinks that with the peristaltic pressure the epithelial cells become narrower and longer, and the "basic crater" deeper. Possibly the basic ring presses on the chyme-drop, and thereby increases the pressure exercised by the peristaltic movement.

Jeannel.—*Researches on the Absorption and Assimilation of Emulsions of the Fatty Oils, and on the Dynamic Action of the Fatty Salts of Mercury.* Compt. Rend., vol. xlviii, p. 581.

The author observed—(1) that an emulsion prepared from an aqueous solution of carbonate of potash and oil is quickly absorbed when injected into the intestine or peritoneum (dogs); (2) the emulsion may be injected with impunity into the jugular vein; (3) oleostearate of mercury does not irritate the denuded corium or connective tissue; (4) large doses induce paralysis of the hind legs, which is speedily followed by death; (5) the oleostearate of mercury does not produce salivation in man, even when taken in considerable quantity.

Th. Ackermann.—*Researches on the Influence of Suffocation on the Quantity of Blood in the Brain and Lungs.* Virchow's Arch., vol. xv, p. 401. Canst., vol. i, p. 43.

In order to observe the state of the vessels of the brain under normal conditions and after death from suffocation, the author removed a portion of the skull and corresponding part of the dura mater from rabbits, afterwards closing the aperture with a glass plate and collodion. All the observations were made in concert with Bergmann. When a cord was drawn very tightly round the animal's neck, the brain retained its normal red colour to the end; when, however, the ligature was comparatively slack, or only applied to the windpipe, the vessels, especially the veins, soon assumed a purple hue, and, at the same time, the larger vessels increased in calibre. The normal conditions returned in a few minutes; but ten or twenty seconds before death the brain gradually became pale, in consequence of the vessels partially emptying themselves. The pale condition did not attain its height until an hour or two after death. In animals destroyed by division of the carotid artery, the cerebral anæmia is not greater than in the above cases. This state of cerebral anæmia is equally observed to occur after death from compression of the chest, injection of water into the lungs, inhalation of chloroform, sulphuretted hydrogen, or carbonic acid gas, as well as from the injection of prussic or arsenious acid. On the other hand, in cases of poisoning by carbonic oxide or light carburetted hydrogen, there is marked cerebral hyperæmia for a comparatively long period before death. Section of the right cervical sympathetic nerve was found to cause injection of the diploë and of the cerebrum on that side; and three hours afterwards, when the left nerve was divided, the injection of the corresponding cerebral hemisphere became equal to that of the right side. Even under these circumstances, however, strangulation induced distinct cerebral anæmia.

E. Bertulus.—*On the Determination of the Real or Positive Action of Heat, Cold, and Moisture upon the Organism, regard being had to the Vital Resistance.* A Physiological Essay. Montpellier, 1859, 8vo. Canst., vol. i, p. 20.

Bernard. — *On the Cause of Death in Animals subjected to a High Temperature.* Gaz. Méd., 1859, No. xxx. Canst., vol. i, p. 24.

The cause of death in this case Bernard believes to be rigidity of the heart and muscles, inevitably supervening so soon as the animal's temperature is artificially raised seven or nine degrees. Observations on rabbits, gradually destroyed by the effects of a highly heated atmosphere, confirm this opinion.

Liebermeister.—*The Regulation of the Production of Warmth in Animals of a Constant Temperature.* Deutsche Klinik, 1859, No. 40. Canst., vol. i, p. 24.

The writer found that a shower-bath, with a fall of some fourteen feet, and a temperature of 63.5° to 69° (17.5° to 20.5° C.) produced a sensation of great cold, which he, however, bore seven minutes. A thermometer placed in the axilla did not indicate a diminished temperature; indeed, it commonly showed an increase. On the other hand, the thermometer fell, and even fell below the previous normal indication, when the feeling of a pleasant glow returned after the bath. Sea-bathing and air-currents of a temperature from 63.5° to 73.5° (17.5° to 23° C.) were similar in their effects. The animal warmth produced whilst lying in a bath of 68° to 70° (20 to 21° C.) vastly exceeds that observed when the water is as warm or warmer than the body. At 70° it is greater than at 85°; at 85° greater than at 100°. As the superficial warmth is withdrawn, the internal tissue-change is enhanced, and thereby a greater amount of heat produced. The internal application of cold to the stomach has not this effect.

J. C. T. Pravaz, jun.—*On the Physiological Effects and the Therapeutical Applications of Compressed Air.* Paris and Lyons, 1859, 8vo. Canst., vol. i, p. 22.

Pravaz considers the effects of *rarefied* air on the organism to be—1, incomplete pulmonary expansion, with compensatory acceleration of the respiration; 2, quickening of the arterial circulation; 3, slackening of the capillary and venous currents; 4, retarded tissue-change; and 5, diminished stimulation of the nervous system as a result of insufficiently oxygenized blood. The principal effects of *condensed* air on the system he finds to be—1, that the lungs expand more thoroughly; 2, respiration is less frequent; 3, the arterial current becomes slower; whilst, 4, the venous and capillary circulation augments in speed; 5, the excretion of carbonic acid and of urine is increased; 6, the appetite improved; and 7, the nervous system exhilarated by the highly oxygenated blood. Pravaz advises the employment of condensed air in brain and spinal affections, some cases of muscular contraction and deafness, and also in articular, scrofulous, and rickety diseases. A spinal curvature, as it was before and after treatment, is figured.

REPORT

ON

PRACTICAL MEDICINE, PATHOLOGY,

AND

THERAPEUTICS.

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GENERAL PATHOLOGY AND SYMPTOMATOLOGY.

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BRAUNE, W.—*On the Metamorphosis of Cancer into Mucus, a case of Cystic Cancer.* Virchow's Arch., xvii, 5, 6, 1859. Schmidt's Jahrb., Vol. 105, p. 290.

SYMONDS.—*Letter relative to Dr. Todd's Views on Acute Diseases.* Med. T. and Gaz., April 7th.

BURCKHARDT.—*On the Intimate Changes in Mucous Membrane, effected during Inflammatory Action.* Brit. and For. Med.-Chir. Rev., April, p. 521. Virchow's Archiv., Vol. xvii, Heft. 1 and 2, p. 94.

WEISMAN.—*New Formation of Nerve in Neuroma.* Brit. and For. Med.-Chir. Rev., April, p. 523. Henle and Pfeufer's Zeitschrift, Vol. 7, Heft. 2, p. 909.

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WAGNER.—*New Formation of Lymphatic Elements in the connective Tissue of the Pleuræ and Lungs in Puerperal Fever.* Arch. f. phys. Heilk. N. F. iii, 3. Schmidt's Jahrb., Vol. 107, p. 15.

WAGNER.—*The Combination of Cancer, Sarcoma, and Glandular Tumour.* Arch. d. Heilk. i, 1860. Schmidt's Jahrb., Vol. 108, p. 26.

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———.—*Amyloid Bodies, and on the Corpora Amylacea in the Prostate Gland.*—Brit. and For. Med.-Chir. Rev., Oct., p. 519.

BILLROTH.—*On the more Minute Structure of Medullary Tumours, and on Cancroid Growths combined with Mucous Cysts.* Virchow's Archiv., xviii, 1 and 2, pp. 82, 99, 1860. Schmidt's Jahrb., Vol. 108, pp. 294, 295.

WESTHOFF.—*Microscopic Investigations on the Degeneration of Veins and Nerves in Cancer.* Dublin Q. J. of Med. Sc., Nov., 1860.

BENEKE.—*The Non-Identity of Connective Tissue,—Cartilage, and Bone Corpuscles.* Arch. f. gemeinsch. Arb. iv. 3. Canst. Jahrb. Vol. ii, p. 19.

TUNGEL.—*New Formation of Gray Cerebral Substance.* Virchow's Archiv., xvi. Canst. Jahrb., Vol. ii, p. 19.

WAGNER.—*New Formation of Gland Tissue.* Canst. Jahrb., Vol. ii, p. 19.

WALLMANN.—*On the accidental Formation of Physiolog. Tissues.* Zeitschr. d. Wiener, Aerzte, 17, 1859. Canst. Jahrb., Vol. ii, p. 19.

KLOB.—*On the Transmutation of Patholog. New Growths.* Zeitschr. d. Wiener, Aerzte, 16, 1859. Canst. Jahrb., Vol. ii. p. 19.

ROKITANSKY.—*New Formation of Liver Tissue.* Allg. Wien. Med. Ztg., No. 14, 1859. Canst. Jahrb., Vol. ii, p. 19.

PATRUBAN.—*The Pneumatoses of the Human Body.* Oester. Ztschr. f. prakt. Heilk., No. 32, 1859. Canst. Jahrb., Vol. ii, p. 19.

PAULITZKY.—*Amylaceous Corpuscles in the Prostate.* Virchow's Archiv., xvi. Canst. Jahrb., Vol. ii, p. 19.

LUYS.—*Amylaceous Corpuscles in the Skin.* Gaz. Méd. de Paris, i, 1859. Canst. Jahrb., Vol. ii, p. 19.

LASEGUE.—*The Cell Theory in its relations with General Pathology.* Arch. génér. de Méd., May and Sept., 1859. Canst. Jahrb., Vol. ii, p. 50.

VIRCHOW.—*Cellular Pathology and Physiological Therapeutics.* Virchow's Archiv., Vol. xvi. Canst. Jahrb., Vol. ii, p. 50.

VIRCHOW.—*The Critics of Cell Pathology.* Virchow's Archiv., Vol. xviii. Canst. Jahrb., Vol. ii, p. 50.

SCHIFF.—*On Fever Heat.* Allg. Min. Med. Ztg., 41, 42, 1859. Canst. Jahrb., Vol. ii, pp. 60.

HARDY.—*On the Animal Temperature in some Pathological States, and on its Relations to the Circulation and Respiration.* Thesis, Paris, 1859. Canst. Jahrb., Vol. ii, p. 60.

ZIMMERMANN.—*On Fever and Inflammation, especially in their Relations to each other.* Berlin Med. Ver. Ztg. N. F., 1859. Nos. 14, 16, 18, 20, 22, 25, 27, 34, 36, 38, 40. Canst. Jahrb., Vol. ii, p. 60.

HABERSHON.—*Some Cases of Hydatid Disease.* Guy's Hosp. Reports, vol. vi, p. 174.

C. ELLIS.—*Tubercle,—its Pathology, and especially its Relation to Inflammation.* Amer. J. of Med. Sc., April, 1860.

Ellis directs his inquiry respecting tubercle to three points:—(1) Is tubercle "a specific exudation poured out under the influence of a special, general pathological state?" (2) Is it a degraded condition of the nutritive material from which the textures are formed, differing from that furnished under ordinary circumstances not in kind, but in degree of vitality or capacity for organization? (3) Is it the result of the metamorphosis of elements normal or pathological? From original observations, he shows that both the naked eye and microscopic appearances are insufficient for the diagnosis of tubercle. Even the small granular corpuscle which has been considered distinctive is found in cancer, and in inflammatory products, and is probably only a shrivelled cell or free nucleus. The only common property observable in formations resembling tubercle is, that they show the most undoubted signs of degeneration. He replies, therefore, to the above questions, that tubercle "is not a specific exudation. It does not exist, as such, in the blood. The yellow variety is always the result of metamorphosis—of degeneration. It is altogether probable that it is owing to a degraded condition of the nutritive material, which differs from that furnished under ordinary circumstances, not in kind, but in degree of vitality or capacity for organization." He discusses at some length the relation between the gray variety of tubercle and inflammation, and quotes the observations of Reinhardt and Virchow. His essay closes with a summary of the views of the latter, which he adopts, and which are as follows:—(1) "Tuberculization, the undoubtedly local process by which is formed the product known as tubercle, does not consist in a peculiar specific exudation, but in a peculiar transformation of the element of tissues, which in 1847, I described in cancer under the name of tuberculoid metamorphosis. (2) The tuberculoid metamorphosis is co-ordinate with the fatty, waxy, cretaceous, and atheromatous change, but not at all with inflammation, dropsy, suppuration, or the formation of cancer. (3) The tuberculoid metamorphosis is met with in newly formed pathological tissues, in the old on physiological, and lastly, in both at the same time, which is the common and characteristic occurrence. It affects the transitory elements composed of cells, or the permanent fibrous parts. (4) It consists in a cessation of the nutrient and formative processes, or a mortification, necrosis of the elements of tissues, with subsequent peripheric absorption of the fluid parts, and the drying of those which are no longer nourished. This necrosis is caused by the accumulation of cell elements, which compress the vessels of the part. (5) These cells may be either newly formed, or result from an increased formation of the normal elements (epithelium, &c.), or may have an endogenous origin. The processes by which they arise have the characters belonging to simple hypertrophy, suppuration, cancerous or sarcomatous formations, or to the infiltrated products of typhoid fever and glanders. (6) All these processes show a marked local derangement of nutrition, especially altered exudation, and point back accordingly either to inflammation itself or analogous disorders, whether they originate in the irritation caused by local trouble, or are consecutive to constitutional causes, primary alterations of the blood, &c. (7) We have, therefore, an inflammatory, cancerous, typhoid, glanderous, and sarcomatous tuberculization, which are the same as far as the character of the local process is concerned—that is, the metamorphosis of tissue—but differ more or less in the character of the *whole* process, whether the latter be regarded as attributable to local or general constitutional causes. (8) Tuberculosis is the entire morbid process, which includes the conditions of the local derangement of nutrition, with the changes in the exudation belonging thereto, as well as in the formation and transformation of cells. It finds its constant regular expression in tuberculization. All tuberculization (tuberculoid metamorphosis) does not originate in tuberculosis. The latter may, in its earlier stage (that of exudation, cell-formation), be present, even if there be no tubercle. Tuberculosis, we consider, that morbid process which, when it pursues its usual course, always leads to tuberculization; while we ascribe cancer and sarcoma, which accidentally tuberculize, to an entirely different process, and should never give the name of tubercle to thickened caseous pus. (9) Inasmuch as tubercle arises from the accumulation in the tissues of a great variety of cells, which in the majority of cases are destroyed, *it is entirely without proper characteristic elements.* Of the remains of the cells, the shrivelled nuclei present the most constant external characters; we may, therefore, retain for these the name tubercle-corpuscle."

BUHL, RINDFLEISCH, BEER, WEDL.—*On the Formation of Pus.* Virchow's Archiv., xvi, xvii. Canst. Jahrb., Vol. ii, p. 19.

Buhl finds, in inflamed lungs, cells containing pus cells and a nucleus. The pus corpuscles are formed, he thinks, by endogenous growth. Rindfleisch states that the corneal corpuscles of the frog become large tubes (during inflammation) filled with numerous nuclei. The tubes divide, and become subsequently separate cells. Beer finds in inflamed kidneys that pus formation always proceeds from the connective tissue corpuscles. Wedl has observed the nuclei of the walls of small vessels to take an active part in the development of the cells of adjacent new growths, as abscesses, tubercles, cancer, &c.

Wagner describes the formation of new lymphatic elements out of connective tissue corpuscles. Fuhrer denies the universal application of Virchow's doctrine of cell-pathology. Henle denies the existence of Virchow's connective tissue corpuscles, but admits that there are certain nuclear or celloid bodies, which seem to be the same as the nuclei of Virchow's corpuscles. Weismann traces the origin of a small neuroma from the nuclei of the neurilemma of an injured nerve. Lotzbeck found a tumour from the cheek to consist of sweat glands hypertrophied by unusual growth. Weber describes pus corpuscles, and the cells of lipomatous, sarcomatous, and cancerous growths, as originating from the connective tissue corpuscles by partition and endogenous production. Forster describes and figures a series of new formations of very various kinds, proceeding from connective tissue cells. Klob has observed the transition of a gelatinous sarcoma into fat. The result of Forster's and Klob's examination of amyloid substance from the spleen was, that it belonged certainly to the group of albuminoid substances, and also contained a body similar in chemical respect to starch or cellulose. The composition of the albuminoid matter was $C=53{\cdot}58$ $H=7$ $N=15{\cdot}04$ per cent. On applying iodine and SO_3, the blue reaction was perfectly exhibited. Schmidt, from examination of a spleen, concludes that animal amyloid matter is a nitrogenous albuminoid. Paulitzky has converted C. amylacea from the prostate into sugar, by mingling them with saliva. He finds these bodies to result from amyloid degeneration of the parenchymatous cells of the gland. Luys finds constantly amyloid corpuscles in the contents of the sebaceous follicles, even after the skin has been thoroughly washed and covered with a glass for 12—15 hours. In some diseases the corpuscles are increased, in others diminished.—(v. Canst. Jahrb., Band ii, p. 19—25.)

Schiff. — *On Fever Heat.* Allg. Wien. Med. Ztg., No. 41 and 42, 1859. Canst. Jahrb., Vol. ii, p. 60.

Schiff contends that febrile rigor and heat are two phenomena independent of each other. He cites experiments of his own, to show that congestive febrile heat is not to be regarded as due to a paresis of the vascular nerves. In these experiments, febrile movement was excited in various ways, in animals who had the cervical sympathetic on the nerves of one limb divided. The result always was, that the local phenomena of congestion were strikingly absent in the parts whose nerves had been divided. Schiff attributes this to the paralysis of certain constituents of the walls of the vessels whose function is to produce dilatation.

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Lawrence, T. Z.—*A Case of Sudden Death without any adequate post-mortem Appearances.* Brit. Med. J., May 19th.

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Hussey.—*On the Epidemic Small-pox in Oxford in* 1854, 1855. Brit. Med. J., June 9th.

Bell.—*Contributions to the Pathology and Therapeutics of Typhus Fever.*—Glasgow Med. J., Jan., 1860, p. 385; April, p. 1; July, p. 173; Oct., p. 305.

Cotton.—*Action of certain Substances upon Phthisis.* No. III, Iodide of Iron. Med. T. and Gaz., June 16th.

Tweedie.—*Lumleian Lectures, comprising a Description of the distinctive Characters, Pathology, and Treatment of the several forms of Continued Fever.* Lancet, Jan. 7th, 21st,; Feb. 4th, 18th; March 3rd, 17th, 31st; April 14th, 28th; May 19; June 2nd, 16th, 30th.

Brown.—*Notice of Revaccination of Children at the Orphan Hospital.* Edin. Med. J., July, p. 35.

Vleminckx and Marinus.—*Observations on Revaccination.* Glasgow Med. J., July, p. 240.

Rilliet.—*On Iodism.* L. Union Méd., March 6th, 1860. Brit. and For. Med.-Chir. Rev., July, p. 245.

Chavasse.—*On the Employment of Gentian-root in Marsh Miasma.* Brit. and For. Med.-Chir. Rev., July, p. 247.

Griesinger.—*The protracted form of Cerebral Rheumatic Affections.* Arch. d. Heilk. i, 3, 1860. Schmidt's Jahrb., Vol. 107, p. 28.

Hebra.—*On Syphilization.* Wien. Ztschr. N. F. iii, 9, 1860. Schmidt's Jahrb., Vol. 107, p. 47.

Faye, Hebra, Lindwurm.—*On the Influence of a Mercurial Treatment of Syphilitic Parents upon the Health of their Children.* Schmidt's Jahrb., Vol. 107, p. 49.

Doyon und Dron.—*Cases of Communication of Syphilis from the Suckling to the Nurse.* Rev. ther. du Midi xiii, July, Aug., 1859. Schmidt's Jahrb., Vol. 107, p. 50.

Ward.—*Analysis of* 1000 *consecutive Cases admitted into the Seamen's Hospital, Dreadnought.* Lancet, July 18th.

Tardieu.—*Reports on Hydrophobia as occurring in France.* Med. T. and Gaz., Aug. 11th.

Van Holsbeck.—*On the Diseases of Printers.* Dublin Q. J. of Med. Sciences, Aug.

Fraser.—*Stimulation versus Depletion.* Lancet, Aug. 18th, 25th; Sept. 1st.

Pursell.—*The Alcoholic Treatment in Exhausting Diseases.* Brit. Med. J., Aug. 25th, Sept 15th, 1860.

Malmsten.—*Case of Erysipelas, with Formation of Thrombus in the V. Portæ.* Hygea, Bd. 21, p. 612. Schmidt's Jahrb., Vol. 107, p. 305.

Reid.—*On Typhoid Fever.* Dublin Hos. Gaz., Sept. 15th.

Levy.—*On the Sulphate of Cinchonine in the Treatment of Intermittent Fevers in the French Army.* Bull. Gén. de Thérap., May, 1860. Edin. Med. J., October.

Ganster.—*A Contribution to the Statistics of Revaccination.* Zeitschr. d. Ges. d. Aerzte zu Wien., 1860, No. 22. Brit. and For. Med.-Chir. Rev., Oct., p. 538.

Haddon.—*Observations on Diphtheria as it appeared in Victoria in* 1859. Australian Med. J., April, 1860. Brit. and For. Med.-Chir. Rev., Oct., p. 542.

Isnard, v. Horing, v. Veiel, Hettich, Diez, Germain.—*On the Therapeutical Application of Arsenic.* Schmidt's Jahrb., Vol. 108, p. 162.

Bernatzik.—*On Mustard Cakes, and Etherial Mustard Oil as a substitute for Mustard-flour in the Field.* Wien. Med. Wochenschr. 29, 30, 1860. Schmidt's Jahrb., Vol. 108, p. 165.

Turner, C. W.—*On Scarlatina and some of its Sequelæ.* Med. T. and Gaz., Nov. 24th.

Hopffus.—*Notes on the Epidemy of Cholera Morbus at the Island of St. Jago, Cape de Verds, in* 1856. Lancet, Dec. 15th.

Hughes.—*A Few Words on Mercury, its use and abuse.* Brit. Med. J., Dec. 22nd.

Wetzler.—*The Sulphur Thermæ of Aix la Chapelle together with Pot. Iod. in Inveterate Cases of Syphilis.* Med. Ztg. Russl. 27 and 28, 1860. Schmidt's Jahrb., Vol. 108, p. 322.

Grol.—*Quinic Ether.* Ann. de Therap., 1860, p. 196.

Vicaire.—*Medical Properties of Esculine.* Ann. de Therap., 1860, p. 298.

Duchesne Duparc.—*Fucus Vesicularis, in the Treatment of Obesity.* Ann. de Therap., 1860, p. 242.

Bouchardat.—*On Infection produced in the Human Body by the Putrid Fermentation of Morbid or Excrementitial Products.* Ann. de Therap., 1860, p. 273—304.

———— *On the Disinfectants which can be employed to prevent this infection.* Ann. de Therap., 1860, p. 273—304.

Bricka.—*Report of Cholera Epidemic, in* 1853, *in Denmark.* p. 288. Copenhagen, 1855. Brit. and For. Med.-Chir. Rev., Jan., 1860.

Bricka gives a report of the cholera epidemic in Denmark during 1853. Until that year no cholera had appeared in Copenhagen, though some cases had occurred in Denmark during 1848 and 1850. The epidemic of 1853 lasted from June 11th to October 13th. The total number of cases in the capital was 7219, and the deaths 4737. The disease was not severest in those parts of the town whose sanitary condition was the worst. The very young and very old when attacked almost always died. In many cases there was no premonitory diarrhœa. From the capital the disorder radiated to different towns and villages, and in a great many instances it seemed clearly to have been propagated by contagion. The means adopted to stay the progress of the disease were (1) house to house visitation; (2) removal of the healthy from infected houses; (3) providing eating houses. The second of these measures appears to have produced the best effects, though it was not adopted till the disease had reached its acme.

Gordon.—*On Rheumatism and allied Disease in India.* Indian Annals, Jan., 1859. Brit. and For. Med.-Chir. Rev., Jan.

Gordon shows that rheumatism is no unfrequent disease in India. Acute articular rheumatism is, however, not so frequent as at home, and cardiac inflammation seems certainly to be of rarer occurrence. In the home service the amount of rheumatism is stated at 6·89 per cent. of mean strength, in India it is 10·32, though much lower among women and children. The number of men invalided for disease of the heart in India is not a tenth of those invalided for the same cause at home.

Möller.—*Report of the Med. Policlinic for* 1856 *and* 1857. Königsberg, Med. Jahrb. i, 3, 1859. Schmidt's Jahrb., Vol. 105, p. 52.

Möller, at Königsberg, relates, together with various cases of interest, two instances of transmission of secondary syphilis. One was that of a child who communicated a roseola and condylomata to another healthy child who slept in the same bed. Another child infected a healthy woman who suckled it. He alludes to the transference of condylomata, various exanthemata and serpiginous ulcers from one to the other of two individuals of the same sex occupying the same bed, as having been not unfrequently observed in the vicinity of Königsberg, and expresses his belief in the contagiousness of secondary syphilis.

Croskery.—*Treatment of the Fevers of the W. Indies.* Dublin Q. J. of Med. Sc., Feb., 1860.

Croskery strongly recommends the following practice in fevers of the W. Indies. During the hot stage he gives ℥ss of the mixture here stated every half-hour, until free perspiration has taken place (Liq. Acet. Ammon. ℥ij, Spt. Æth. Nit. Spt. Junip. Co. āā ℥ss, Ant. Pot. Tart. gr. iv., Tr. Hyoscy. ʒij, Tr. Opii ʒi, Mist. Camph. ad ℥xij). As soon as the fever has gone off and the sweating stage been ushered in he gives Quinine gr. ij every hour, with a dose of 10—12 grains of calomel to clear out the primæ viæ, if one has not been given before. He strongly discountenances the use of quinine during the paroxysms or in large doses after. He contrasts the treatment of an epidemic of yellow fever which he witnessed as carried out at the convict establishment, and in the Naval Hospital. At the former the mortality was 20 per cent., at the latter only 3. The treatment at the former consisted in a warm bath, emetic, purgative dose of calomel, followed by calomel gr.ij, Opii gr.¼, 2dis. horis, till slight salivation occurred; stimulants were given when the strength began to fail. At the Naval Hospital no calomel and opium was given, but an ordinary diaphoretic and diuretic mixture with chlorate of potash.

GIBB.—*On the Properties and Uses of Sanguin. Canad.* Brit. Med. J., Feb. 4th and 11th, 1860.

Gibb states that Sanguin. Canad. is of great virtue as an emmenagogue in skin diseases, as an emetic in the croupal form of diphtheria, as an expectorant in chronic bronchitis and certain stages of phthisis, and generally as a diaphoretic, stimulant, and alterative. For physiological effects see Report on the Institutes of Medicine. p. 59.

CRIGHTON.—*On Diphtheria.* Edin. Med. J., Feb., 1860.

Crighton records his experience of diphtheria at Chapel en le Frith, N. B. He saw 45 cases: 25 males, and 20 females. Of these, 9 died: 6 by asphyxia, 3 by asthenia; the eldest was 14 and the youngest 3 years old. Eight of the fatal cases, and several other severe ones showed marked indications of struma. In cases seen from the first he never failed to notice as the earliest local symptom of the disease, the occurrence on the mucous membrane, of a thick ropy fluid, which subsequently became converted into the diphtheritic pellicle if local treatment was delayed. Severe diarrhœa was a symptom occasionally present, as also epistaxis. Herpes labialis was common. The other symptoms were the same as have been observed by others. Dr. Crighton traces the causation of the disease to defective sanitary arrangements, and thinks that its contagiousness is very slight. He gave internally Tr. Ferri Mur. ♏.iv—viij, 2dis. vel 3tiis. horis, with Liq. Ammon. Acet., and locally applied a mixture of equal parts of Tr. Fer. Mur. and Acid. Muriat. dil., more or less diluted. To the early application of this he attaches very great importance, and states that when so used the exudation is coagulated, loosened, and speedily detached.

W. BUDD.—*On intestinal Fever and the nature of the Intestinal Affection.* Lancet, Feb. 25, March 10th.

W. Budd gives 3 figures of the eruption in the small and large intestines, and argues that the intestinal discharges contain the especial miasm of the disease which, being poured into drains, may afterwards emanate from them. He points out that on the common view, which regards the miasm of enteric fever as merely the result of decomposing filth, it is impossible to explain the non-production of fever in thickly-peopled courts, where the air is loaded with such effluvia. He has full assurance that the spread of fever might be arrested by placing, on each occasion, a caustic solution of zinc in the utensils used by the sick.

HAUNER.—*On Nitrate of Silver in Diphtheria.* Froriep's Notizen, Vol. ii., No. 21, 1859. Med. T. and Gaz., March 10th.

Hauner, practising in Munich, found diphtheritis present epidemically, not *during*, but *after*, scarlatina, pertussis, and measles had been prevalent for fourteen months. He is satisfied that diphtheria is contagious. He used nitrate of silver very freely, and with the best results.

OUDENHOVEN.—*On Beri-Beri.* Nederl. Tijdschr. v., Geneesk. ii., p 577, Oct., 1858. Schmidt's Jahrb., Vol. 105, p. 308.

Oudenhoven, in a paper on Beri-Beri, after a description of the general features of the earlier stage of the disease, proceeds to consider the three different forms which it subsequently may present, admitting, however, that these often occur more or less blended together. The *marastic* form is very chronic, but mostly tends to an inevitable fatal termination. The cutaneous anæsthesia and muscular debility of the lower limbs increase, and the arms also become affected, until all the extremities are perfectly paralytic. The sensorium, however, remains active, and the functions of the internal organs are still performed. Gradually, the anæsthesia and palsy increase, the patient becomes utterly apathetic, and dies in a comatose state. The *hydropic* form has a speedier course, but admits of more hope of recovery. Effusions take place into the areolar tissue, and into the various serous cavities, and often prove rapidly fatal, especially hydrothorax and hydropericardium. The anæsthesia and paralysis are less marked. The *polysarcous* form is sometimes very slow in its course, sometimes rapidly fatal. The paralysis and anæsthesia do not often attain a high degree. The heart is often notably hypertrophied. Death occurs, not uncommonly, suddenly and unexpectedly. No post-mortem appearances explain the nature of the disease; in particular, nothing has been found in the nervous centres to account for the paralysis. The heart is generally fatty. The liver, as a rule, enlarged and hyperæmic. Kidneys, normal. The treatment is essentially tonic and invigorating.

LAWSON.—*Remarks on the Treatment of Inflammation, with especial Reference to Pneumonia.* Americ. J. of Med. Sc., Jan., 1860.

Lawson's paper is occupied with a critical discussion of the views maintained by Bennet and others, regarding inflammation. He considers Dr. Bennet's propositions separately, and strongly controverts them. He argues that it is desirable to diminish the flow of blood to an inflamed part, and that bloodletting will moderate fever, reduce the force of cardiac and arterial action, and thereby diminish the flow of blood into the inflamed tissues, and proportionably lessen the exudation of lymph. In contradiction to the opinion that an inflammation, once established, cannot be cut short by treatment, Lawson strongly contends that this is both possible, and matter of common experience. In opposition to Bennet's statistics, showing the greater success of his expectant treatment, as compared to a more active, Lawson adduces those of Bennet, Froupea, and Wossildo, who employed bleeding and antimony with a much lower mortality than Bennet. From a general and extensive review, he concludes that the statistics of pneumonia, as a whole, are utterly worthless and unreliable as practical guides. On the question as to whether disease is of a lower type than formerly, Lawson adopts the affirmative; although inclining to think that practitioners are often unnecessarily shy of bleeding, he believes that there is a general lowering of the grade of action, which requires less depletion than did the same classes of disease in former years.

BEDFORD, BROWN.—*Some Remarks on the Adynamic Type of Remittent Fever, and its Treatment with Nitric Acid.* Americ. J. of Med. Sc., Jan., 1860.

Bedford notices softening of the muscular tissue of the heart, of the brain, and of the liver, as well as of other organs, as the most remarkable morbid changes found in the bodies of those who have died from adynamic remittent. The symptoms are essentially those of a low fever, delirium being rarely at all violent. Nitric acid, in doses of from 12 to 40 drops in the day, seemed to be of great efficacy; not a single fatal case occurred where it was used freely and constantly. For the abdominal complications of certain cases, the internal use of nitrate of silver was found valuable.

WALLER.—*Contributions to the Solution of some Questions respecting Syphilis.* Prag. Vierteljahrschr. lxiii., 1859. Schmidt's Jahrb., Vol. 106, p. 47.

In contradiction of Lorinser's statements, Waller affirms, as the result of analyses made on 8 syphilitic patients, that mercury, when taken into the body, in any way, is eliminated spontaneously by the kidneys, and can be demonstrated in the urine, no iodide of potassium having been taken. Its presence in the urine is, therefore, no sign of a mercurial cachexia, no indication of the necessity of administering Pot. Iod., nor of discontinuing mercurial treatment. No cure of syphilis results on the complete elimination of mercury from the system. The characteristic phenomena of pure secondary syphilis, unmodified by mercurialization, in fact, its natural course, are then described, and shown to be essentially similar to those which are observed in patients who have taken mercury. It appears clearly, that the administration of mercury for primary symptoms does not hasten, but rather delays, the appearance of secondary. The author concludes by maintaining that it is fully proved that constitutional syphilis exists, and that it has yet to be shown that there is any mercurial cachexia capable of producing similar morbid conditions as are observed in syphilis.

GIBERT.—*On the Infectibility of Secondary Syphilitic Symptoms.* Bull. de l'Acad., xxiv, May, June, 1859. Schmidt's Jahrb., Vol. 106, p. 50.

Gibert's report contains the replies of the French Academy of Medicine to two questions submitted to them by the Minister of Public Works, viz., (1) Are the symptoms of constitutional syphilis contagious? (2) Are the symptoms produced in sucklings by the contagion of secondary syphilitic accidents different from those observed in adults? The reporter, from four experiments of his own, fully confirms the statement of Rinecker, which are as follows:—(1) The specific local reaction, after inoculation from secondary accidents, does not appear before the expiration of the second week; as a rule, not until after the fourth. This long period of incubation, therefore, forms a very characteristic feature. (2) The symptom which arises on the inoculated spot remains a long time limited to it, and runs its course very slowly; so that, if no medical treatment intervenes, it is still constantly present at the commencement of the general accidents. (3) The form under which the local affection appears is that of cutaneous tubercles, which pass into superficial ulceration or into fungous growths. The nearest lymphatic glands are generally swollen. (4) The general symptoms do not appear before the fourth week after the first manifestation of the local affection, often much later. The replies to the ministerial questions, proposed by Gibert, and adopted by the Academy, were:—(1) There are secondary or constitutional symptoms of syphilis, which are communicable by contagion. The mucous tubercle (broad condyloma) ranks first of these. (2) The same conclusion is applicable also to sucklings and nurses, and there is no ground to assume that in sucklings the disease shows other properties than in adults. Ricord criticised the report, but seems to have admitted, at last, that the facts were unanswerable. Ricord's observations had always been made on the syphilitic, while Gibert's were made on persons free from every trace of syphilis, but suffering with inveterate lupus of the face.

FORMAN.—*Notes on an Epidemic of Diphtheria.* Edin. Med. J., June, 1860.

Forman, out of a little agricultural community of 19 individuals, observed 4 suffering from genuine diphtheria, 5 from diphtheritic sore throat, 3 from scarlatina, and 3 from tonsillitis, while 4 escaped. The sanitary arrangements of the locality presented no defect, except that the water supply contained an unduly large amount of organic matter —2·08 grains per gallon.

DUNCALFE.—*Gonorrhœal and Syphilitic Rheumatism.* Brit. Med. J., June 9th, 1860.

Duncalfe endeavours to show that rheumatism, when it occurs during the progress of venereal disease, is to be considered not simply as a concomitant, but as dependent on that disease. He relates a case in which Pot. Iod. was of no use until after mercury had been administered, when it became of great service.

BELL.—*Contributions to the Pathology and Therapeutics of Typhus Fever.* Glasgow Med. J., Jan., April, July, Oct., 1860.

Bell contends that typhus, like every other malady, has a local habitation, in which it specially manifests itself, and also that secondary local diseases occur, often proving more fatal than the primary. After giving the details of 5 fatal cases, with autopsies, he comments (1) upon the condition of the heart; (2) upon that of the intestinal mucous membrane. The fibres in the softened cardiac tissue are sometimes destroyed, sometimes more or less altered, undergoing change into a yellow granular substance, abounding in oil globules. The left ventricle is much more frequently affected than the right, the outer layers being much more changed than the inner. As to the nature of the softening, Bell inclines to consider that it is produced by an asthenic inflammatory process. He has found it co-existing, in several instances, with pericarditis, either verified by the autopsy, or declared by friction-sound. The symptoms are in a progressive order: (1) diminished impulse at left apex; (2) cessation of first sound; (3) impulse becoming imperceptible over right apex; (4) loss of first sound over whole cardiac region; (5) diminution of intensity of second sound. The symptoms disappear in an inverse order. It is a very bad sign if, under the use of stimulants, the action of the heart becomes more rapid, and the impulse restored without the speedy return of the first sound. The pulse is a most fallible guide as to the condition of the heart. Wine, whisky, camphor, and musk, are stimulants which must be used freely, in some cases with flying blisters and dry cupping. Severe delirium or pulmonary congestion, if associated with symptoms of cardiac softening, can only be met by stimulants; if, however, there is no sign of the heart being weakened, tartar emetic and mild antiphlogistics are appropriate. After an account of the nature of the abdominal lesion, he proceeds to discuss its relation to the fever, and states at some length the views of Broussais, Armstrong, Louis, Chomel, R. Williams. With regard to the question of the identity of typhoid and typhus, he considers (1) the similarity of the symptoms, (2) the identity of the pathological lesions, (3) the community of origin. He contends that, though the symptoms are not precisely similar, their points of dissimilarity are neither so constant, so well defined, nor so important as to warrant the conclusion that the two forms of disease arise from different specific causes. Moreover, the points of resemblance are greatly more numerous than the points of difference. He believes that the greater degree of defibrination of the blood in typhus will account for many of the peculiarities, and refers to the case of constitutional syphilis to show how many different phenomena may result from the action of the same poison. As to the second head, he refers at some length to his own experience (amounting to 51 autopsies), which forces him to adopt the conclusion that disease of the mucous membrane of the small intestines constitutes the anatomical lesion in typhus as well as in typhoid fever. From a critical review of the published experience of Chomel, Williams, Bright, and Armstrong, he infers that their testimony corroborates his own. He cites Dr. Perry's conclusion that dothinenteritis occurs in combination with contagious typhus, and is to be met with in about one-sixth of the bodies of typhus patients. Stokes, Huss, and Skoda give their testimony to the same effect. Stress is laid on the want of relation between the symptoms during life, and the disease of the intestinal mucous membrane, as found after death, as furnishing a powerful argument in favour of the identity of the two disorders. The differences between individual cases of typhoid, and those of typhoid and typhus, may be so similar, as to nullify the argument drawn from the dissimilarity of the intestinal lesions. Bell contends that the essential primary lesion is congestion and effusion into the aggregated follicles of the small intestines, with consecutive sloughing, ulceration, and cicatrization, and that the chronic ulcer, which is considered by most as peculiar to typhoid, is in reality the degenerated primary ulcer, and not the pathological lesion. In typhus, the blood is too much defibrinated to supply the material for thickening and induration around the original ulcer. He criticises Jenner's account of his autopsies, pointing out defects which, he thinks, impair the weight of his evidence. Bell next adduces evidence in proof of a community of origin between typhus and typhoid, and details three marked instances in which both forms of fever occurred in the same family and at the same time, the infection spreading, to all appearance, from a single case. After quoting the confirmative evidence of Dr. Stokes and Dr. Huss, he proceeds to a critical examination of the arguments of Dr. Jenner and Dr. Murchison. In particular, he dissents from the view that typhoid fever arises from the putrid emanations of cesspools, or typhus from overcrowding and destitution, or that either form occurs only in the vicinity of their assumed foci. He objects that no essential difference has been demonstrated between the air breathed by those exposed to sewer emanations, and that inhaled by those who are huddled together in badly-ventilated apartments. Cases regarded as typhus, followed, during convalescence by typhoid, he interprets as cases of typhus with enteric disease, which has not improved simultaneously with the general amendment. The converse case he believes to be simple muco-enteritis, followed by typhus.

CRISP.—*Cases of Diphtheria.* Brit. Med. J., Oct. 27th.

Crisp records a mortality of 8 out of 27 cases. Albumen was not constantly present in the urine. No connection was noticed between the disease and scarlet fever. In most of the cases, the hygienic conditions were very unfavorable.

FONTAN.—*New Experiments regarding the Origin of Cow-pox.* L'Union Méd., 29th May, 1860. Edin. Med. J., 1860.

Fontan relates, that some mares being affected with a pustular eruption called grease (eaux aux jambes), the matter from the pustules was inoculated on the teat of a cow, where it produced several fine pustules. From these several infants were vaccinated, with the result of producing perfectly characterised vaccine vesicles. Thirty infants have been vaccinated from this source at Toulouse, and in all, the result has been most satisfactory.

MARTIN.—*Attempt to procure Vaccine Matter from the Original Source. Production of True Variola.* Boston Med. and Surg. J., Feb. 23rd, 1860. Edin. Med. J., July.

Martin inoculated some variolous matter, taken from a pock upon the body of a man who died of variola, into a cow's udder, and subsequently vaccinated about fifty persons with matter derived from the cow. Most of those so inoculated were attacked with variola, and three died.

RICORD.—*On Iodism.* L'Union Méd., March 8, 1860. Brit. and For. Med.-Ch. Rev., July, 1860.

Ricord states, that Pot. Iod. not only causes the rapid disappearance of the symptoms for which it is prescribed, but also greatly improves the general health. The globules of the blood are increased, the strength restored, and the weight augmented.

GENDRON.—*On the Treatment of Diphtheria,* L'Union Méd., March 8th, 1860. Brit. and For. Med.-Ch. Rev., July.

Gendron considers that local applications are the most important means in the treatment of diphtheria, and prefers the perchloride of iron to nitrate of silver or H. Cl. He advises that the applications be frequently renewed, and made, as far as possible, to surfaces deprived of their plastic covering.

SIGMUND.—*On the Use of Sarsaparilla in Syphilitic Diseases.* Zeitschr. d. Gesellsch. d. Aerzte zu Wien, Jan. 2nd, 1860. Brit. and For. Med.-Ch. Rev., July, 1860.

Sigmund, after a careful trial of the best sarsaparilla, has come to the conclusion that it does not exercise the slightest perceptible influence on the course and termination of syphilitic diseases.

MOUTARD-MARTIN.—*On the Value of Sulphate of Cinchonine in the Treatment of Ague.* L'Union Méd., March 29th, 1860. Brit. and For. Med.-Ch. Rev., July.

Moutard-Martin treated nineteen cases of ague with cinchonine. Thirteen were completely cured, two improved, and four altogether unaffected.

ELLIOTSON.—*Reasons for regarding as simply Urethral Rheumatism and Ophthalmia what are generally termed Gonorrhœal Rheumatism and Ophthalmia, with Suggestions for their Cure and Prevention.* Med. T. and Gaz., June 30th.

Elliotson has met with cases of so-called gonorrhœal rheumatism, in which it was impossible that the urethral discharge could be the result of infection. He lays stress on the inflammatory nature of the rheumatic affection, and advocates strongly patient abstinence for a lengthened period from fermented and distilled liquids, and flesh food. The ophthalmia is less obstinate, but is to be treated similarly.

ARNOTT.—*On the Treatment of Rheumatic Affections.* Med. T. and Gaz., July 14th.

Arnott strongly recommends congelation as a remedy in rheumatic affections, stating that a large experience has shewn that, in the great majority of instances, it is capable of immediately and permanently relieving the pain, and subduing the inflammatory condition of the part to which it is applied. A quantity of small pounded ice mixed with half its weight of common salt, is to be placed in a piece of gauze, and applied to the skin for about six minutes.

CUTLER.—*Variola and Vaccinia.* Boston Med. and Surg. J., March 15th, 1860. Brit. and For. Med.-Ch. Rev., July, 1860.

Cutler was unsuccessful in obtaining the normal pustule when variolous matter was inoculated into young cows. With vaccine matter (such as he used for human beings) he succeeded.

LINDWURM.—*On Syphilisation and the Treatment of Syphilis with Tartar*

Emetic Ointment. Bayer, Aerzt. intell. Bl. 13, 1860. Schmidt's Jahrb., Vol. 107, p. 47.

Lindwurm is led by his experience to assign a very subordinate place to syphilisation as a remedy for syphilis. He thinks it may be applicable to cases in which mercury and iodine are not tolerated, or fail to cure. He concludes from his trials, that the same results may be obtained by exutories of any kind as are produced by syphilisation. Two patients were cured of constitutional syphilis by having two large issues made with Vienna paste, in one on both arms, in the other on both thighs.

HEBRA.—*On Syphilisation.* Wien. Ztsch. N. F. iii, 9, 1860. Schmidt's Jahrb., Vol. 107, p. 47.

Hebra states, as the result of his experience of syphilisation, that the general health improves, and all the objective and subjective phenomena of syphilis gradually disappear during the continued inoculations. He adds, however, that a comparative trial of iodine, mercury, decoction of the woods, and laxatives, shows that, with respect to the shortened duration of the disease, the rapidity and certainty of the cure, a decided preference is to be given to mercurials. Two patients were subjected at the same time to mercurial frictions, but the results of the inoculations were quite the same in them as in those not so treated.

KELLER.—*Serpiginous Ulcers of the Skin.* Wien. Med. Wochenschr. 46, 47, 1859. Schmidt's Jahrb., Vol. 107, p. 52.

Keller thinks that "so much is settled, and can no longer be questioned, viz., that the so-named syphilitic ulcers on the extremities, which are characterised by their grouping and renal form, by their serpiginous advance at their convex border, and their healing and skinning over at their concave border, are nothing but the results of mercurial cachexia; and the same is true of the so-called angina syphilitica with serpiginous ulcers on the palate, throat, or root of the tongue, giving rise to the aphonia, so often described as a characteristic of syphilis." Pot. Iod. cures such by eliminating the mercury out of the system.

———*Medical Report from the Royal Imperial Hospital of Vienna for the Civil Year* 1858. Published by the desire of the Minister of the Interior by the Directors of the General Hospital, Schmidt's Jahrb., Vol. 197, p. 112—126.

The report of the Vienna Hospital contains a large amount of detail relative to various diseases, but it is not possible to abstract it.

GAIRDNER.—*Clinical Lecture on the Distinctions of Typhus and Enteric (Typhoid) Fever.* Lancet, July 21st.

Gairdner argues for the non-identity of typhus and enteric fever on the ground that, although fever has not been epidemic for the last six months in Edinburgh, five cases of typhus occur together in one group, while one case of enteric is sent to hospital from a distance, where enteric fever alone is prevalent. Gairdner has never observed, after careful search, that typhus has ever given rise to anything but typhus, or enteric to anything but enteric.

HUGHES.—*On Periodicity as a Character of Disease.* Lancet, Aug. 4.

Hughes argues, that ague is an affection of the sympathetic system, and that its periodical character is dependent upon a periodicity impressed upon the sympathetic system, and manifested in all the phenomena, morbid and natural, over which it presides. The beneficial action of quinine and arsenic depends upon their influence as toners of the sympathetic.

KENNEDY.—*Observations on Typhus and Typhoid Fevers as seen in Dublin.* Edin. Med. J., Sept.

Kennedy supports the view that typhus and typhoid fevers are the result of a common poison. He sums up his arguments in the following propositions:—(1) That typhus and typhoid fevers exist in Paris, London, Sweden, parts of America, and Dublin; and relapsing fever in Great Britain and Ireland. (2) That in Dublin other types of fever exist, equally distinct from any of these; of which gastric, remarkable for its great duration, the congestive typhus of Armstrong, the febris nervosa of Huxham, and in summer the inflammatory fever, may be adduced as examples. (3) That these may exist in the same family, and at the same time. (4) That when a whole family is attacked at once, some may exhibit spots, and others not. (5) That two crops of eruption, as observed long since by Grant, are not uncommon, in the typhus of Dublin, and either may precede the other. (6) That one of these may be a bright red, and the other of a much darker hue, and that they often co-exist. (7) That petechiæ may exist with typhoid fever, and bright lenticular spots without this fever. (8) That bright lenticular spots may be followed by petechiæ. (9) That it would seem as if typhus and typhoid fever could exist in the same patient and at the same time. (10) That whilst in London intestinal hæmorrhage is common in typhoid fever, it is much rarer in Paris and Dublin. (11) That in Dublin the same hæmorrhage is not uncommon in typhus. (12) That cerebral complication is more common to typhoid fever than is usually taught. He argues also that as in scarlatina we have the greatest amount of variety of symptoms without a corresponding multiplication of poisons, the same may be the case also with regard to typhus and typhoid. He indicates temperament, habits, constitution, and amount of poison, as modifying causes, capable of explaining, in great part, the differences of these fevers.

LEVY.—*On the Sulphate of Cinchonine in the treatment of Intermittent Fevers in the French Army.* Bull. Gén. de Thérap., May, 1860, Edin. Med. J., Oct.

Levy states that sulphate of cinchonine is sufficient for the treatment of most fevers which occur in spring and up to the beginning of June, and even in a certain number of cases in summer and autumn. In winter, when there are only relapses without any tendency to the malignant type, the same treatment will do, preceded or not by a dose of the sulphate of quinine. In malignant fevers cinchonine should not be tried. Both cinchonine and quinine are useless in cases of splenic tumour of long standing.

WALLER.—*Further Contributions to the Solution of some debated Questions* *in Syphilis.* Prag. Vierteljahrschr. lxvi, 1860. Schmidt's Jahrb. Vol. 108, p. 42.

Waller relates three cases of syphilis in which the urine was examined to detect the presence of mercury, after it had been administered. With regard to its *spontaneous* excretion, it appears that in one case no trace could be found after three years had elapsed; in a second, no trace was found at the end of five months; in a third, none was found after an interval of six weeks, but some doubtful indications were observed at the end of five months. In two of the cases, iodide of potassium failed to produce any elimination of mercury. Two of the cases afford proof of the existence of syphilis, independent of any mercury. The general result of the cases is quite contradictory of Lorinser's views as to the pernicious effects of mercury, and the therapeutic effects of Pot. Iod. in procuring its elimination.

OVERBECK.—*On Hydrargyrosis.* Wien. Med. Wochenschr., 13, 1860. Schmidt's Jahrb., Vol. 108, p. 44.

Overbeck produced a state of mercurial cachexia in dogs by inunction. He found metallic quicksilver in the form of microscopic particles in the kidneys, liver, salivary glands, intestinal canal, and blood. It was not constantly present, even in the gravest cachexia. In the bones and lymphatic glands not even microscopic traces could be found, and only occasionally in the bones were there slight chemical traces. The digestive mucous membranes and the skin were inflamed and ulcerated, the ulcers presenting a gangrenous character. The bones were never diseased in any way. No bacony deposits in the spleen or liver, no iritis, gummata, or sarcocele were ever produced. The blood was always dark and thick; in the worst cases it contained enormous fibrinous coagula; sometimes there was extreme anæmia.

RENOUARD.—*A Memoir on Medical Doctrines laid before the Parisian Academy of Medicine at the Meeting held May 24th,* 1859. *Report on this Memoir by Gibert at the Meeting held July 26th. Discussion at the Meetings of August 9th and 16th.* Mem. et Bullet. de l'Acad. de Med., 1859. Canst. Jahrb., Vol. ii, p. 114.

Renouard endeavours to enforce as a general principle in therapeutics the old axiom, "A juvantibus et lœdentibus fit indicatio." He contends that we shall never find the key to successful treatment in theories founded on even recondite analysis of the human organism, but solely in observation and experience. BOUILLAUD maintains, on the contrary, that indications of treatment must proceed from our knowledge of the nature of a disease, and that it belongs to the genius of discovery to find out the right means to counteract the disorder. Gibert, the reporter, supports Renouard, and remarks that experiment in therapy rules everything.

WARDELL *on Enteric Fever.* Lancet, Nov. 17th.

Wardell's patients resided in a row of houses whose sanitary arrangements appear to have been good, except in the important particular that the drain from the privies ran within a few feet of the pump-well. The well waters had long been complained of, and after heavy rains it was said to have a bad taste.

Aubrun (Lancet, December 15) cured thirty-five out of thirty-nine diphtheric patients with perchloride of iron, ℥ij of a weak solution every five minutes during the day, and every fifteen during the night, with as much cold milk (the sole food) after each dose.

Kreyser.—*Vaccination as a Remedy for Syphilis.* Med. Centr. Ztg. xxix, 49, 1860.

The vaccine matter is to be inoculated by from fifteen to twenty punctures not less than one inch apart on the arms and thighs, and the inoculations are to be repeated when the pustules they produce are dried up. The results are said to be very successful.

Loback.—Seeds of Carduus bened. and C. Mariæ recommended in melæna and disorders of menstruation. (Gaz. Med.) Ann. de Therap., 1860, p. 146.

NERVOUS SYSTEM, INDEX.

Roche.—*On the External Use of Cyanide of Potassium in Neuralgia, with Researches on its Physiological Action.* Bullet. de la Soc. Med. de Besancon, 1859. N. Americ. Med.-Chir. Rev., May, 1860.

Pescheux.—*Subcutaneous Injections of Sulphate of Atropine in Tetanus; Recovery.* N. Americ. Med.-Chir. Rev., July, 1860.

Brown-Sequard, C.E.—*Researches on Epilepsy; its Artificial Production in animals, and its Etiology, Nature, and Treatment in Man.* Williams and Norgate.

L. Meyer.—*On the Relation of Chronic to Acute Meningitis.* Schmidt's Jahrb., Vol. 105, p. 42.

Hassing.—*Clinical Lecture on Syphilitic Paralysis.* Dublin Hosp. Gaz., Feb. 1st (1860), March 15th.

Cowdell.—*Cases of Neuralgia, &c., successfully treated by Narcotic (Atropine) Injections.* Brit. Med. J., Feb. 11th, 1860.

Banks.—*Case of Acute Mania supervening on Chorea, with Remarks.* Dublin Hosp. Gaz., Feb. 15th, 1860.

Purdon.—*Case of Aggravated Hysteria.* Dublin Hosp. Gaz., Feb. 15th, 1860.

Bonifaz u Mazel.—*Case of Cerebral Rheumatism.* Gaz. des Hôpit., 124, 1859. Schmidt's Jahrb., Vol. 105, p. 179.

Brinton.—*Clinical Remarks; Obscure Brain Disease; Necropsy.* Lancet, March 3rd, 1860.

Toler, J.—*Case of Severe Nervous Symptoms following a Burn, relieved by large Doses of Opium.* Dublin Hosp. Gaz., March 15, 1860.

Walker, J. H.—*Case of Tetanus (Traumatic).* Med. T. and Gaz., March 17th, 1860.

Yeates, H. P.—*Case of Epilepsy cured by the Removal of a Portion of Depressed Bone from the Skull, resulting from an Injury received Ten Years prior to the Operation.* Americ. J. of Med. Sciences, p. 87, Jan., 1860.

Little.—*A new Application of Chloroform in Neuralgia, and in certain Rheumatic Complaints.* Edin. Med. J., p. 964, April, 1860.

Brunel.—*Sanguineous Cysts in the Cavity of the Arachnoid.* Gaz. des Hôpit. 129, 1859. Schmidt's Jahrb., Vol. 106, p. 37.

Laborde.—*Incomplete Paraplegia, Amaurosis, and Paralysis of the Vagus Nerve from Two Cysts in the Brain.* L'Union, 137, 1859. Schmidt's Jahrb., Vol. 106, p. 37.

Schramm.—*Neuralgia of the Brachial Plexus.* Aerztl. Intellig. Blatt., No. 47. Schmidt's Jahrb., Vol. 106, p. 38.

Da Costa.—*Cerebral Neuralgia and Death from Serous Apoplexy, with Remarks respecting the Occurrence of Serous Apoplexy.* Charleston J., xiv, March 2nd, 1859. Schmidt's Jahrb., Vol. 106, p. 39.

Gordon, C. A.—*Intra-Cranial Tumour; Compression and Softening of the Brain; Protrusion of one Eye; Absence of Paralysis.* Dublin Hosp. Gaz., May 1st, 1860.

Ross.—*On Inflammatory Head Affections.* Dublin Q. J. of Med. Science, May, p. 458.

Griesinger.—*Diagnostic Remarks on Cerebral Diseases.* Arch. d. Heilk. i, 1, 1860. Schmidt's Jahrb., Vol. 106, p. 166.

Schnitzler.—*Acute Idiopathic Meningitis.* Deutsche Klinik, 40, 41, 1859. Schmidt's Jahrb., Vol. 106, p. 168.

Leon Gros.—*On Sporadic Cerebro-Spinal Meningitis.* L'Union, 108, 109, 1859. Schmidt's Jahrb., Vol. 106, p. 169.

Jansen.—*Sensitive State of the Cervical Vertebræ in Choreal Affections.* (*Case.*) Schmidt's Jahrb., Vol. 106, p. 170.

Thielmann.—*Sempstresses' Cramp; Rheumatic Anæsthesia of the Legs.* Schmidt's Jahrb., Vol. 106, p. 170.

Lobb.—*Acute Neuralgia Cured with the aid of the continuous Galvanic Current, with peculiar Sympathetic Effect upon the Uterus.* Lancet, May 26th.

Weber, H.—*Cases of Cerebral Affection caused by Diseases in the Region of the Nose and Eye.* Lancet, May 26th.

Aran.—*On the Employment of Chloroform Internally and Externally in the Treatment of Spasmodic Contractions of the Extremities.* Edin. Med. J., p. 1131, June, 1860.

Althaus.—*Can Lightning cure Diseases?* Med. T. and Gaz., June 2nd.

Spender.—*On the Hypodermic Action of Morphia.* Brit. Med. J., June 9th.

Morton.—*Case of Traumatic Tetanus, treated by Cannabis Indica.* Glasgow Med. J., p. 458, Jan., 1860.

Thomson.—*Notes of Practice; Facial Neuralgia.* Glasgow Med. J., p. 46, April.

Brinton.—*Clin. Remarks; the Treatment of Delir. Tremens.* Lancet, June 10th.

Laborde.—(*Case of*) *Amyloid-Degeneration of the Spinal Cord.* Gaz. de Paris, 53, 1859. Schmidt's Jahrb., Vol. 106, p. 295.

Roth.—*Syphilitic Gammatous Tumour of the Dura-Mater.* Bayer ärztl. intell. Bl. 37, 1859. Schmidt's Jahrb., Vol. 106, p. 299.

Munk.—*Syphilitic Hemiplegia.* Deutsche Klinik, 47, 1859. Schmidt's Jahrb., Vol. 106, p. 301.

Russell.—*Cases of Epilepsy.* Brit. Med. J., June 30th, July 14th.

Middleton Michel.—*Pathology of the Pituitary Body.* Charleston Med. J., March, 1860. Brit. and For. Med.-Chir. Rev., p. 257, July, 1860.

GEERDS.—*A Rare Nerve Affection.* Deutsche Klinik, 2, 1860. Schmidt's Jahrb., Vol. 107, p. 29.

PLAGGE.—*Hyperæmia of the Spinal Chord from Exertion in Marching.* Deutsche Klinik, 34, 1859. Schmidt's Jahrb., Vol. 107, p. 29.

THEILE.—*On Cretinism.* Schmidt's Jahrb., Vol. 107, p. 81—109.

W. OGLE.—*Injection of Acetate of Morphia into the Cellular Tissue of the Arm in Delirium Tremens.* Med. T. and Gaz., July 21st.

BREE.—*On a Case of Myelitis and Extensive Spinal Irritation, with Paralysis of the Left Leg, cured by the Administration of Ergot of Rye, and the External use of Belladonna.* Lancet, Aug. 4th.

BOURGUIGNON.—*On Neuralgia of the Skin.* Lancet, Aug. 4.

BARTON.—*Case of Severe Hemicrania, treated successfully by Morphia Injections; with Remarks upon the Class of Cases likely to be benefited by this Treatment.* Dublin Hosp. Gaz., Aug. 1.

WIBLIN.—*On Emotional Paralysis.* Lancet, Aug. 11th.

CURLING.—*Acute Idiopathic Tetanus, terminating Fatally in 60 Hours.* Lancet, Aug. 18th.

FRENCH,—*Case of Hydrophobia.* Dublin Q. J. of Med. Science, Aug., 1860.

BAKER.—*On a Case of Double Transverse Hemiplegia.* Lancet, Aug. 25th.

JENNER.—*Hemiplegia; Plugging of the Internal Carotid Artery; Softening of the Brain; Death; Autopsy.* Med. T. and Gaz., Sept. 1.

WILLSHIRE.—*Chronic Alcoholism, and its Effects on the Nervous System; Recovery.* Lancet, Sept. 8th.

CANTON.—*Chronic Alcoholism, with impending Delirium Tremens, treated by Suspension of the Stimulus.* Lancet, Sept. 8th.

ALDERSON AND SIBSON.—*Three Cases of Delirium Tremens, treated without Stimulants; Fatal Result in Two.* Lancet, Sept. 8.

HUTCHINSON.—*Death from Abscess in the Brain, consequent on long-standing Otorrhœa.* Med. T. and Gaz., Sept. 8.

MOHNIKE.—*On the Deposition of Pigment in the Spinal Arachnoid.* Virch. Arch., xvi., 1859. Schmidt's Jahrb., Vol. 107, p. 298.

CHALONS.—*General Peripheral Paresis of Rheumatic Origin.* Schmidt's Jahrb., Vol. 107, p. 299.

GUBLER.—*Repeated Attacks of Paralysis of the Third Nerve.* Gaz. des Hôpit., 17, 1860. Schmidt's Jahrb., Vol. 107, p. 299.

MARROTTE.—*On some Symptoms which may give occasion to confound Uterine Affections and those of the adjacent Parts with Lumbo-Sacral Neuraglia.* Arch. Gén., April, May, 1859. Schmidt's Jahrb., Vol. 107, p. 299.

CHILD.—*On the Connection between Chorea and Acute Rheumatism.* Lancet, Sept. 15.

FARRAGE.—*Report of Two Cases of Idiopathic Tetanus, treated by Indian Hemp.* Lancet, Sept. 15th.

W. WILLIAMS.—*Two Cases of Epilepsy, in which the Operation of Tracheotomy was performed.* Med. T. and Gaz., Sept. 15th.

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WARD.—*On Subcutaneous Opiate Injections.* Brit. Med. J., Sept. 15th.

WATSON.—*A Case of Saläm Convulsions (Eclampsia Nutans).* Brit. Med. J., Sept. 29th,

ALFTER.—*Nervous Diseases treated at the Baths of Œynhausen.* Pr. Ver. Ztg. N. F., iii, 1860. Schmidt's Jahrb., Vol. 108, p. 31.

DUCLAUX.—*Spinal Congestion as observed during the Harvest of* 1859. Lond. Med. Rev., Aug.

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BROUGHAM.—*Remarks on Heat-Apoplexy, or Sunstroke.* Glas. Med. J., Oct.

BROWN-SEQUARD.—*Cases of Epilepsy; Spasmodic Movements of one Side; Intra-Cranial Tumour.* Med. T. and Gaz., Oct. 27.

ROGERS.—*Report of a Case of Idiopathic Tetanus.* Lancet, Oct. 27.

HILL.—*Cases of Tubercular Meningitis; with Remarks.* Brit. Med. J., Oct. 27th.

HARTMANN.—*On the Pathology and Treatment of Spinal Diseases.* Deutsche Klinik, 11, 1860. Schmidt's Jahrb., Vol. 108, p. 167.

PHILIPPSON.—*Case of Idiosomnambulism, Abnormal Dreaming.* Deutsche Klinik, 29, 1860. Schmidt's Jahrb., Vol. 108, p. 167.

LUSSANA.—*On Neuralgia of the Arms.* Prize Essay, Milan. Schmidt's Jahrb., Vol. 108, pp. 168—185.

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FORSTER.—*Chronic Inflammation of the Dura Mater.* Canst. Jahrb., Vol. ii, p. 25.

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PIORRY.—*Theory and Treatment of Nervous Affections.* Gaz. des Hôpit., No. 21, 32. Canst. Jahrb. Vol. iii, p. 19. *No ab.*

CHATELAIN.—*Hypnotic Properties of Sugar Candy.* Echo Méd., April 1st. Canst. Jahrb., Vol. iii, p. 26.

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GUILLABERT.—*Essay on Sea Sickness.* Günsburg's Zeitsch., Vol. x, p. 8. Canst. Jahrb., Vol. iii, p. 27.

MARCHETTI.—*Cure of an obstinate supra-orbital Neuralgia by Frictions with Sulphuric Ether.* Gazz. Med. Ital. Lombard., 1858, Aug. 2nd. Canst. Jahrb., Vol. iii, p. 33.

TROUSSEAU.—*Some Considerations on Sciatica.* Clinique Europ., No. 3. Canst. Jahrb., Vol. iii, p. 36.

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JOBERT DE LAMBALLE.—*Considerations respecting Sciatica.* Canst. Jahrb., Vol. iii, p. 36.

SKODA.—*Cardiac Neuralgia.* Clinique Europ., No. 17. Canst. Jahbr., Vol. iii, p. 37.

PIORRY.—*On Angina Pectoris.* Gaz. des Hôpit., No. 64. Canst. Jahbr., Vol. iii, p. 37.

TROUSSEAU.—*On Choreas.* Union Méd., No. 16, 18, 19. Canst. Jahbr., Vol. iii, p. 48.

MODERNA.—*Case of Chorea with Gesticulations, cured by the application of a Blister to the Head.* Gazz. Med. Ital. Lomb., No. 23. Canst. Jahrb., Vol. iii, p. 48.

BRIQUET.—*Researches regarding the Therapeutics of Chorea.* Bull. de l'Acad. de Méd., T. 25, p. 93. Canst. Jahrb., Vol. iii, p. 48.

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PITHA.—*A Case of Writer's Cramp cured (by Electricity.)* Zeitschrift Wiener Aerzte, No. 45. Canst. Jahrb., Vol. iii, p. 55.

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RICHELOT.—*On the Treatment of Asthma by the Thermal Waters of Mont-Dore.* Union Méd., 55, 56, 57, 58. Canst. Jahrb., Vol. iii, p. 63.

TAVIGNOT.—*Phosphorus (internally and externally) in Palsy of the Muscles of the Eye.* Bullet. de Thérap., Nov. 30th. Canst. Jahrb., Vol. iii, p. 74.

VERNAY.—*Observation tending to prove that a Segment of Spinal Cord remaining healthy may become an independent Centre of Innervation.* Gaz. Méd. de Lyon, Oct. 16. Canst. Jahrb., Vol. iii, p. 79.

TROUSSEAU.—*On Epilepsy (an excellent account of its symptoms).* Clinique Europ., No. 15, 17, 18. Canst. Jahrb., Vol. iii, p. 81.

HERPIN.—*On Selinum Palustre in Epilepsy.* Bull. de Thérap., April 30, May 15. Canst. Jahrb., Vol. iii, p. 81.

Brown-Sequard.—*Case of Writer's Palsy.* Med. T. and Gaz., Dec. 1st.

Ramskill.—*Case of Wasting Palsy.* Med. T. and Gaz., Dec. 1st.

Duval.—*On the Treatment of Epilepsy, specially by Hydrotherapic Appliances.* Journ. des Connaissances Méd., No. 15. Canst. Jahrb., Vol. iii, p. 81.

Lecoq.—*Two Cases of Acute Epilepsy.* Gaz. des Hôpit., No. 29. Canst. Jahrb., Vol. iii, p. 91.

Secondi.—*History of (a case of) Traumatic Electric Chorea.* Gazz. Med. Ital. Lomb., No. 32. Canst. Jahrb., Vol. iii, p. 92.

Oppolzer.—*Symptomatic Hydrophobia.* Clinique Europ., No. 8. Canst. Jahrb., Vol. iii, p. 92.

Heinrich.—*A Case of Spontaneous Hydrophobia.* Henke's Zeitschr., Vol. lvii, p. 361. Canst. Jahbr., Vol. iii, p. 92.

Nicolle.—*Researches on the Development and Transformations of Hysteria.* Canst. Jahrb., Vol. iii, p. 93.

Pidduck.—*The Vapour Bath in the Treatment of Idiopathic Tetanus.* Lancet, Nov. 10th, Dec. 15th.

Trousseau.—*On Exophthalmic Goître.* Lancet, Dec. 8th and 15th.

Curran.—*Tubercular Meningitis, two cases of.* Brit. Med. J., Dec. 15th.

Weber.—*Cases of Cerebral Affections, caused by Disease in the region of the Nose and Eyes.* Med.-Chir. Trans., 1860, p. 117.

Ogle. *Case of recurrent Anæsthesia of almost the entire surface of the Body, accompanied by partial loss of motor power in all the Limbs, traceable to the effects upon the Spinal Nerves of effused products within the Spinal Canal.* Med.-Chir. Trans., 1860, p. 383.

Hérard.—*Serous Cysts in the Right Hemisphere of the Cerebellum; Loss of Co-ordination of the Limbs.* L'Union, 93, 1860. Schmidt's Jahrb., Vol. 108, p. 303.

Cohn.—*On the Theory of Paralysis Agitans.* Wien. Med. Wochenschr. 18, 19, 20, 25, 26, 1860. Schmidt's Jahrb., Vol. 108, p. 303.

Bourdon.—*Rheumatic Hemiplegia, and Pneumonia.* L'Union, 68, 69, 1860. Schmidt's Jahrb., Vol. 108, p. 304.

Liégeois.—*Studies respecting some Phenomena observed in an Hysterical Patient.* Gaz. de Paris, 24 et 25, 1860. Schmidt's Jahrb., Vol. 108, p. 304.

Roux.—*Case of Cerebral Rheumatism.* Gaz. des Hôpit., 85, 1860. Schmidt's Jahrb., Vol. 108, p. 313.

Brown-Sequard.—*Epilepsy depending on Disorder of Menstruation (case).* Med. T. and Gaz., Dec. 22nd.

Brown-Sequard.—*Epilepsy—aura starting from the left arm—prevention of the fits by the Ligature.* Med. T. and Gaz., Dec. 22nd.

Paget.—*Case of Hydrocephalus—Puncture—Death.* Med. T. and Gaz., Dec. 22nd.

Virchow.—*State of the Vessels of the Brain in Epilepsy.* Deutsche Klinik, No. 38. Med. T. and Gaz., Dec. 22nd.

Hinds.—*Nervous Lesions, in relation to Diphtheritic Affections.* Brit. Med. J., Dec. 22nd.

Binard.—*Cerebral Symptoms in Rheumatic Gouty Affections.* Arch. belges de méd. milit., Dec., 1858. Ann. par Jamain, 1860, p. 95.

Ramskill.—*Case of Chronic Myelitis—Clinical Remarks.* Med. T. and Gaz., Dec. 29th.

Davies, R.—*Five Cases of Neurotomy for painful Affections of the Limbs.* Dublin Q. J. of Med. Science, Nov., 1860.

Béhier.—*Administration of Sulphate of Atropine by Subcutaneous Injection.* Bullet. Thérapeutique. Ann. de Therap., 1860, p. 24.

Maresch.—*Atropine in Epilepsy.* Ann. de Roulers. Ann. de Thérap., 1860, p. 42.

Heustis.—*Belladonna as an Antaphrodisiac.* Presse méd. belge.; Ann. de Thérap., 1860, p. 46.

Faure; Beraud.—*Inhalation of Chloroform by one Nostril.* Ann. de Thérap., 1860, p. 75.

Case of Intermittent limited to one hand and arm. Amer. Med. T., July 21st, 1860.

Meagher.—*Four Cases of Cerebro-Spinal Meningitis.* Amer. Med. T., Aug. 25th, 1860.

Brodie.—*Case of Hydrophobia.* Amer. Med. T., Dec. 22nd, 1860.

Brown-Sequard.—*Modification of Nutrition in certain parts of the Body, under the influence of Irritation of the Brain or Spinal Cord in Epilepsy.* J. de la Physiol., iii, 9, 1860. Schmidt's Jahrb., Vol. 107, p. 173.

Roberts.—*On some of the more unusual Forms of Paralysis.* Lond. Med. Rev., November, December, 1860.

A. Lefévre.—*Researches as to the Causes of the Dry Colic observed on board Men-of-War, and as to the Means of preventing its Development.* Paris, 1859. Baillière, pp. 322.

Lefévre endeavours to prove that the colic of hot countries is nothing but lead colic, but does not give any direct proof that such is the case.

A. Wood.—*Case of Tumour of the Brain.* Edin. Med. J., Jan., 1860.

Wood relates a case of tumour of cancerous character, occupying the floor of the fourth ventricle. Among other symptoms, the patient suffered from constant noises in the head, and unpleasant visions before her eyes. With regard to the latter, there was this remarkable peculiarity, that there was a regular alternation of dark and bright spectra. On one day she would see nothing but black objects, chiefly coffins; on the next, flashes of fire, and the luminous ball, would be the chief source of her suffering. The intellect was remarkably clear, but the eyes were constantly rolling.

Ronzier Joly.—*On Treatment of Acute Chorea by Arsenic.* Bullet. Gen. de Thérap., Oct. 15th, 1859. Brit. and For. Med.-Ch. Rev., Jan., 1860.

Joly records a case of acute chorea, treated successfully with arsenic. The dose was raised from $\frac{1}{25}$ to $\frac{1}{9}$ grain, and subsequently diminished to $\frac{1}{18}$, which was continued till the 26th day, when convalescence was fairly in progress.

C. Tungel.—*A Case of New Formation of Gray Cerebral Matter.* Archiv. f. path. Anat., Vol. xvi, hefte 1 and 2. Brit. and For. Med.-Ch. Rev., Jan., 1860.

Tungel records a case of new formation of gray cerebral matter. This was found at the posterior horns of the lateral ventricles, forming circular tumours, separated from one another by intervals of white matter. The brain was otherwise normal. No nerve tubes were seen in the tumours; only a granular mass with granular cells.

MAINGAULT.—*On Diphtheritic Paralysis.* Archiv. Gen. de Med., Oct., 1859. Brit. and For. Med.-Chir. Rev., Jan., 1860.

Maingault discusses fully the subject of diphtheritic paralysis, and gives numerous illustrative cases. He describes the paralysis as supervening during convalescence, two or three weeks after all throat affection has disappeared. It first affects the soft palate, occasioning difficult deglutition and nasal speech. Subsequently it becomes almost general, involving even the sphincters. Death may ensue, or slow recovery.

LONGHURST.—*On Coup de Soleil.* Lancet, Jan. 7th, 1860.

Longhurst relates three cases of coup de soleil in India, which recovered under cold aspersion, stimulants to the epigastrium, purgation, and brandy and water. He remarks on the action of the stream of cold water upon the head, at first exciting the nervous system, raising the pulse, and inducing forcible contraction of the voluntary muscles; but if continued too long at one time, it was followed by diminution of volume in the pulse, and marked depression. He further insists on the absolute necessity for the removal of a patient to a colder climate, when once he has been the subject of this very fatal affection.

CHAPPLE.—*Notes relative to cases of Sunstroke at Baroda.* Brit. and For. Med.-Ch. Rev., July, 1860; Trans. Med. Phys. Soc. of Bombay. No. V., new series.

Chapple reports, that the chief predisposing cause of sunstroke in the cases observed by him was intemperance, with one exception all were hard or free drinkers. Within seven days, 10 died out of a strength of 211, in spite of all precautions against the extreme heat. Suspension of drills and parade, and the closure of the canteen (save one pint of porter daily to each man), with removal to the seacoast, were the means which proved successful in arresting the mortality.

SMITH.—*Remarks on Sunstroke.* Med. T. and Gaz., Sept. 1st.

Smith remarks particularly on the heat and dryness of skin which is observed both in the early and in the later hours of an attack of sunstroke. He regards it as a prime point to get the refrigerating action of the skin restored, and recommends the administration of tea, ipecacuan emetics, and tepid douches.

GORDON.—*On the Prevalence of Heat-Apoplexy among Soldiers during the Hot-Weather Campaign of* 1858. Edin. Med. J., May.

Gordon remarks that it has been found by others, as well as himself, that heat-apoplexy is not so much caused by exposure to the direct rays of the sun, as by intense heat and close atmosphere within doors. Yet it is difficult to account for the entire exemption of women who are more in the house than the men. All causes that depress the vital energies increase the liability to the disease, and there are certain atmospheric conditions that seem to exert a great influence. Thus, a remarkable number of cases occurred on May 23rd and 24th, not only in one, but in various remote places. Dram-drinking is a powerful predisposing cause. The plan of treatment adopted and recommended by the author consists of (1) Arteriotomy. (2) Cold affusion to the head and epigastrium. (3) Rapid counter-irritation by the application of a hot spatula to the nape; and (4) Internal counter-irritation by the administration of croton oil.

L. Meyer,—*The Epithelial Granulations of the Arachnoid.* Virch. Archiv., xvii, 3, 4, 1859. Schmidt's Jahrb., Vol. 105, p. 41.

Meyer describes a new pathological alteration in the arachnoid, consisting in the formation of minute granulations, some low and roundish, others more elongated, which are scattered over the free serous surface. When they are numerous, the membrane appears thickened and opaque. They appear to be the result of chronic irritation of the arachnoid, and are found in cases of old standing epilepsy, general paralysis, and mania ending in idiocy.

Duchenne.—*On Ataxic Locomotrice Progressive.* Archiv. Gen., Dec., 1858; Jan., Feb., April, 1859. Schmidt's Jahrb., Vol. 105, p. 43.

Duchenne describes "ataxic locomotrice progressive" as a disease whose chief characters are the increasing loss of the co-ordinating power of the movements, and retention of muscular power in strong contrast to the apparent paralysis. The patients can scarcely stand upright, feel giddy, and believe themselves always to be impelled forwards. They are sometimes quite unable to walk, even when supported, and the attempt induces extreme exhaustion. Yet when sitting or lying, they can exert a normal amount of muscular force without feeling wearied. Anæsthesia usually sets in together with the motor disorder, affecting the skin, muscles, bones, and joints. The sensation of touch is first lost, then that of pain, then that of temperature. The anæsthesia extends towards the centre. Duchenne does not consider the motor disorder to depend on the anæsthesia; he believes the co-ordinating power to be primarily affected, and shows that (unlike what happens in anæsthesia) watching the movements with the eye does not enable the patient to perform regular movements. Pains occur in paroxysms lasting from a few minutes to several days, always affect the same spot, and are compared to a knife being thrust into the parts and twisted about. Constricting pains are sometimes felt in the limbs or chest. The pains set in at the commencement of the disease, and increase in intensity as it advances. The motor nerves of the eye are commonly affected by paralysis at the commencement, usually one of them, especially the sixth. Amblyopia or amaurosis accompanies the paralysis, and is more permanent. Other cerebral nerves, except the olfactory, are sometimes paralysed, the virile power is almost invariably weakened, the sphincters are sometimes paralysed, sometimes there is difficulty in the expulsion of urine and fæces. The intellect remains unaffected, and also the electro-muscular contractility. The disease is very chronic, may continue twenty years, but the sufferers are usually cut off by intercurrent diseases. The diseases with which the one in question may be confounded, are, the general paralysis of the insane, general spinal paralysis, wasting muscular palsy, paralysis agitans, and hysterical anæsthesia. The causes are often obscure. Duchenne mentions as probable, masturbation, cold, and syphilis. Females are seldom affected. The ages of Duchenne's patients varied from 18 to 42 years. The seat of the disorder Duchenne locates in the cerebellum, corpora quadrigemina, and the intervening commissure. Treatment is not hopeless, but the subject is reserved for a future work.

ALBERS.—*On Syphilis of the Brain, and the Nervous and Physical Disorders resulting from it.* Allg. Ztschr. f. Psychiatr., xvi, 3, 1859. Schmidt's Jahrb., Vol. 105, p. 49.

Albers describes the effects of syphilis affecting the brain, and the nerves connected with it. The cranial bones are affected either in their outer or inner table, and sometimes in both at once. The necrosis is not limited by the sutures, as they become obliterated. The bones also become sclerosed, even the diploe being replaced by firm bony matter. Both necrosis and sclerosis are probably preceded by periostitis. When the head is equally affected in every part, and the pain is general; when after deep previous melancholia, or delirium, loss of consciousness comes on with sopor, the visceral layer of the arachnoid, and the pia mater, are found covered with vessels full of blood. The exudation is however scanty, amounting scarcely to more than a milky opacity of the membranes. Giddiness and melancholia, often of years' duration, occurring in syphilitic patients advanced in age and of robust make, followed by sudden paralytic seizure, are symptoms which are observed in cases where the cerebral arteries, both smaller and larger, are found ossified, or more properly in a state of atheromatous degeneration. Hæmorrhage or atrophic softening may result from this condition of the arteries in various parts of the brain.

SEDGEWICK.—*Case of Tetanus treated with Aconite.* Brit. Med. J., Jan. 28th, 1860.

Sedgewick details a successful case of traumatic tetanus treated by aconite. The symptoms were very severe, and though chlorodyne and sumbul were also given, yet it was only when the effects of aconite appeared that they subsided. Twice, when the aconite was suspended, once to try the effect, once because the tingling and giddiness were becoming extreme, did the spasms return, to abate again on the resumption of the drug. The treatment was commenced on the twelfth day after the accident, and the third day of the disease, it was continued twenty-seven days. The patient was a strong, healthy man, æt. 30.

O. DONOVAN.—*On Delirium Tremens.* Dublin Q. J. of Med. Sc., Feb., 1860.

Donovan relates twelve cases of delirium tremens. His conviction is, that the disease is one of debility, that all the organs in the body are impaired in their functions, and that the symptoms are not the results of inflammatory action. He notices particularly the aggravation of the symptoms during the night, and their remission during the day, an alternation which is more marked in bad cases. It is during the period of remission, that the best, perhaps the only opportunity is afforded of successfully combating the disease. Purgatives and emetics followed by a free use of opium, constitute the treatment he has found most successful.

ROLLESTON.—*On the Cerebellum, with a case illustrating its pathology.* Med. T. and Gaz., Feb. 18th, 1860.

Rolleston relates a case of supposed cerebellar disease. A girl, æt. 10, is unable to support her head, which falls over to one side or other, according as the muscles of that side contract. When, however, the head is lying on a pillow she can turn it. Some time previously she lost the power of maintaining the erect position, though she could move the leg while recumbent. He states that stiffness of the neck, and inability to maintain the erect posture when raised into it without any paralysis of one or both legs while recumbent, when coexisting, point all but pathognomonically to cerebellar disease.

GUIDO WEBER.—*On hæmatoma of the Dura Mater.* Leipsic, 1859. Schmidt's Jahrb., Vol. 105, p. 178.

Guido Weber maintains Virchow's view, that effusion of blood between the dura mater and the arachnoid, is not in most cases a primary occurrence, but that inflammatory exudation first occurs, and is developed into a fibrous membrane traversed by a copious network of new-formed vessels. From the rupture of these the extravasation proceeds. In only 2 out of 22 cases was no trace of false membrane discoverable. Atheroma of the cerebral arteries did not appear from the autopsies to be a frequent cause of these hæmatomata.

FROMMANN.—*Case of Argyria with Deposits of Silver in the Intestines, Liver, Kidneys, and Spleen.* Virchow's Archiv. xvii, 1 and 2. Schmidt's Jahrb., Vol. 105, p. 187.

Frommann records in detail the post-mortem examination of an epileptic patient who took in about nine months 3½ ounces of nitrate of silver with the effect of causing discoloration of the skin of the face and other parts, while the disease diminished, and at last ceased. Simultaneously with the discoloration, disorder of the stomach set in, which increased to absolute gastritis, which was followed by cachexia, and rapid tuberculous phthisis, of which he died two years and a half after the commencement of the argyria, or silver poisoning. The stomach was found much inflamed, with a perforating ulcer upon its posterior wall. The intestinal villi, especially in the duodenum and jejunum, contained at their tips black granules, which dissolved in cyanide of potassium. In the liver and spleen the black deposit was very abundant, and chiefly affected the coats of the smaller vessels. In the kidneys, the pyramids were the especial seat of the deposit, the cortical substance remaining free except the Malpig. tufts, which appeared as small black points. Sections of the skin showed a narrow, dull violet, or red-brown streak in the most superficial layer of the cutis close under the rete mucos. This streak followed the outlines of the cutaneous papillæ. The perspiratory glands were also dark stained, but not their excretory ducts, nor the surrounding tissues. Metallic silver in small quantity was obtained from the liver and the kidneys.

RUSSELL.—*Cases of Syphilitic Disease of the Cranium.* Brit. Med. J., March 3rd, 1860.

Russell's first case presented paralysis of the left third nerve, and optic, and improved under mercury and pot. iod. In the second there was almost complete anæsthesia of the right eye and side of the face, and right nostril, and of the mucous surface of the right cheek and jaws. The vision of the right eye was impaired, and the pupil contracted. Treatment was of no avail. His intellectual power was decidedly enfeebled. In a third case after some previous cerebral symptoms an apoplectic attack occurred with general convulsions, followed by hemiplegia, and a paralytic and rigid state of the left arm. He was much benefited by the use of mercury.

LENHOSSEK.—*Contributions to the Pathol. Anat. of the Spinal Cord.* Beilage zu Oester. Ztschr. f. prakt. Heilk. v. 43, 44, 1859. Schmidt's Jahrb., Vol. 105, p. 300.

Lenhossék gives the results of 322 autopsies relating to the morbid condition of the spinal cord, and its envelopes. Some of these are as follows: *Sclerosis* of the pia mater is common, giving an appearance of induration and hypertrophy to the cord. *Pigment formation* in cells is common in the Pons Varol. and Med. Oblong. *Thrombosis of the veins* occurs chiefly in the anterior venous sinus. *Dilatation* of the central *canal of the cord*, and conversion of the anterior longitudinal fissure into a canal were sometimes found. *Atrophy* is usually partial depending on abnormal increase of connective tissue, or on external pressure. When the olivary bodies are affected the hypo-glossal roots are also wasted. *Fatty degeneration* of the smaller blood-vessels was observed, and *fatty metamorphosis of the white and grey substance* was found after meningitis, apoplexy, &c. As forms of *softening* he enumerates *white*, which always results from œdema and is attended with swelling of the tissue; *greyish-red*, the result of chronic inflammations, and apoplexies; granular, always associated with swelling, and specially prevailing in advanced idiocy; and *red* which always results from capillary apoplexy. Sclerosis from fibroid formation, venous varicosities, exudation corpuscles, corpora amylacea connected with encroaching growths of pia mater and colloid corpuscles are all met with in the cord, but tubercle never, not even in extreme tuberculosis. Fissures are sometimes found in the cord occupied by débris of tissue and exudation stuff. In such cases there have been marked symptoms during life, apoplectic attacks, paralysing violent pains. One case of scirrhus was met with.

LIGGET.—*Case of Hydrophobia, successfully treated with drachm doses of Calomel.* Amer. Q. J. of Med. Sc., Jan. 1860, p. 87.

Ligget in remarking upon his case of hydrophobia, lays down the following propositions as containing his views. 1st. The hydrophobic virus is an *irritant poison* whose action is directed, primarily and directly, on the great nervous centres, producing a perversion of their action upon the entire organization, and thus *secondarily and indirectly*, deranging the functions of the other organs of animal life. 2nd. This virus when deposited in a wound, remains for an indefinite period of time, locked up at the seat of injury, harmless and inert, until some exciting cause occasions it to be *absorbed into the circulation*, whence it is carried to the brain and spinal cord to initiate its work of suffering and death. 3rd. The primary effect of the poison on the cerebro-spinal system is to depress its action. This is succeeded by great exaltation of the sensibility and irritability of the nervous system, which progressively increases until there is a total exhaustion of the vital forces, and death results from asthenia. 4th, 5th. The increased flow of saliva appears to be a conservative effort of the vis medicatrix to *eliminate the poison from the system* through the glands engaged in its secretion. Ligget gives, therefore, mercury both to eliminate the poison, and to reduce the extreme excitability of the nervous system. The case really appears to have been one of hydrophobia. Four and a half drachms of calomel were given in three days producing ptyalism, V. S. ad. ℥xxxvi, having been premised. Recovery was complete by the twelfth day.

Marcé.—*Œdema of the Brain.* Bullet. of the Anat. Soc. Gaz. hebd., October 21st. Canst. Jahrb., Vol. iii, p. 11.

Marcé shows by experiment that the brain is capable of absorbing water to the amount of half the weight of the portion experimented with. He has constantly found also that in brain's whose membranes were infiltrated with serosity, the grey matter contained a larger proportion of water than in the normal state *e. g.* 85·90 per cent. in place of 80 per cent.

Bond.—*On the Pathology of Chorea.* Brit. and For. Med.-Chir. Rev. July, 1860.

Bond contends that the defect in chorea does not consist in a perversion of the will, but in a diminution or abolition of it. He regards the movements as of a reflex nature, and therefore not attended with fatigue. After reviewing the various phenomena he comes to the conclusion, that "the peculiarity of the constitution of choreic patients consists in a tendency to generate a constant excess of nerve force, which in their ordinary state of health, when the will is strong enough to restrain unusual muscular movements, finds a vent in emotional manifestations, in activity of body, or more rarely in intellectual efforts." He remarks that such a constitution as this is radically a weak one, in a state of chronic irritability, and quickly exhausted. Among the various causes he notices the effects of fright, the toxæmic action of rheumatism, and in the young, and overfed, an excess of spontaneous muscular activity. Under the head of treatment he strongly recommends a well-arranged course of gymnastic exercises. These will enable the patient to get rid of his diseased consciousness, to break the incessant chain of nervous impulses transmitted through the cerebro-spinal axis, and to restore to the enfeebled will its healthy control over all the other nervous functions.

Luys.—*Progressive Muscular Atrophy, with disease of the grey matter of the Spinal Cord.* Gaz. Méd. de Paris. Edin. Med. J., Sept. 1860.

In Luys' case the spinal cord presented a well-marked atrophy of the anterior roots of five nerves, on a level with and above the brachial enlargement. The capillary vessels of the corresponding part of the cord were enormously developed and turgid with blood. The intervening grey matter had in some places completely disappeared, and was replaced by a large amount of amyloid bodies. Nerve cells could not be found in the anterior cornua of the grey matter, nor in the posterior.

HUGHES.—*Cases illustrative of the influence of Belladonna.* Brit. Med. J., Sept. 8th.

Hughes regards belladonna as a stimulator of the sympathetic and a depressor of the cerebro-spinal nerves. He believes that we have in it an agent capable of producing through the nerves contraction of the capillaries of inflamed parts, and that as we come to have more experience of its effects we shall be able to control inflammation much better. For Physiological Action, see Report on Institutes of Medicine, p. 60.

PAGET.—*A case of Epilepsy, with some uncommon Symptoms, and a Commentary thereon.* Brit. Med. J., Sept. 22nd.

Paget's patient was a male, æt. 20, who had regular epileptic paroxysms, and besides frequent bursts of unmeaning laughter occurring day after day, and several times in the day, suddenly and without obvious cause. In connection with the epileptic seizures he had, on two occasions, severe tetanoid spasms, joined on the last with rotatory movements both when lying down and standing. At one time he was delirious and violent, and unconscious, since which his temper has become obstinate and self-willed. Latterly both laughing and regular fits have been preceded by an aura proceeding upwards from the navel.

DUNGLISON.—*On the Rational Treatment of Delirium Tremens.* Edin. Med. J., April 1860.

Dunglison in a letter to Dr. Laycock, states that he has treated delirium tremens for many years in a nearly similar manner to that recommended by Laycock, viz., in an eclectic or expectant manner, without excitants, or opiates.

MARSTON.—*On Delirium Tremens.* Edin. Med. J., Oct. 1860.

Marston distinguishes three separate forms of Delirium Tremens:—(1) Delirium è potu, or D. Ebrietatis, (2) D. Ebriosorum, (3) D. complicated with visceral disease. In (1) the disease follows a debauch within 24 or 48 hours; it is an acute alcoholic poisoning, with intervals of weeks or months of sobriety. In (2) the disease attacks men who have been in the habit of drinking for years, but not getting dead drunk. In (3) the symptoms vary according to the complication. He gives proof of the supervention of the disease after withdrawal of the habitual stimulus. In (1) form he advises only an emetic-purgative with quiet and repose. In (2) he endeavours to procure sleep by opium or chloroform, and gives stimulants and support, premising, however, free purgation to the opium.

Fox.—*Delirium Tremens.* Brit. Med. J., Nov. 24th.

Fox considers that alcohol is not in itself, directly, the exciting cause of the delirium, but the altered condition of the blood which it produces. The indications of treatment are to eliminate the poison, to nourish the brain, and subdue congestion. He disapproves of the treatment by opium and stimulants, and recommends food and iron.

Mayer.—*The import of Pain in the Back in Diseases of the Spinal Cord and surrounding parts.* Archiv. d. Heilk. i, 4, 1860. Schmidt's *Jahrb.*, Vol. 108, p. 31.

Mayer distinguishes pain from tactile sensations, locates the conduction of the former in the grey substance of the cord, of the latter in the posterior columns, and enumerates the four following kinds of pain:—(1) inflammatory; (2) irradiated; (3) neuralgic; (4) excentric. Pressure or moving are always sufficient to determine the existence of pain *in* the back, but not its special seat. Congestion of the spinal cord and its membrane produce severe dorsal pains, but inflammations, even when acute, do not necessarily cause pain. In tabes dorsalis there is often at the commencement severe pain. In apoplexy of the cord pain opposite the seat of the hæmorrhage is one of the most important symptoms, and is felt spontaneously and on pressure. Tubercular deposit in the cord occasions pain, as well as tumours proceeding from the membranes.

Natanson. *The Physiological Diagnosis of Muscular Spasm.* Deutsche Klinik, 25, 1860.

Natanson states as follows the distinction of the two kinds of spasms. The direct spasms are always tonic, enduring, and painful, attended with extreme tension of the muscles. The induced are always clonic, of short duration, painless, and attended with an ordinary amount of tension. In the former, the stimulus is propagated along one nerve to a definite group of muscles; in the other, the irritation is diffused more extensively to a set of groups of muscles which combine in some physiological act.

Trousseau.—*On Intermitting Tetanic Cramps.* Gaz. des Hôpit. 44, 1860. Schmidt's Jahrb., Vol. 108, p. 34.

Trousseau states the predisposing causes of the contractions to be nursing, chronic diarrhœa, and chills. Their nature he deems rheumatic. They may affect one extremity, or all the voluntary muscles. Fever is present in severe cases. He recommends bleeding, quinine, and narcotics.

Irving.—*Notice of a form of Paralysis of the Lower Extremities.* Indian Annals, No. xii, 1860. Brit. and For. Med.-Ch. Rev., Oct. 1860.

In a very swampy district on the right bank of the Jumna numerous cases of lameness occurred. The patients averred they had all become paralytic during the rains, in most cases suddenly so, and in many during the night. There was no fever nor splenic enlargement. The cause was believed to be the use as food of the herb "lathyrus sativus."

COOTE.—*Observations on a Case of perforating Tumours of the Dura Mater.* Lond. Med. Rev., July, Aug.

Coote states that fibro-plastic tumours of the dura mater perforate the skull in a wholly different manner from that observed in cases of medullary cancer. The former cause absorption of the bone by continued pressure alone; the margin of the perforation is smooth, and hardened by a deposit of new bone, and the dura mater from which the tumours grow in some spots becomes absorbed. In the latter, the absorption of the bone is effected, not by pressure but by substitution of the cancerous elements for those of bone; the bone surrounding the perforation is not condensed, but softened, broken down, and sometimes in a state of ulceration and suppuration, and the ring of bone surrounding the aperture is not smooth, but rough and uneven through the presence of bony spiculæ, which lie in and around the protruding tumour.

HILL.—*Cases of Tubercular Meningitis, with Remarks.* Brit. Med. J., Oct. 27th.

Hill records three cases of tubercular meningitis occurring in phthisical patients. He notices the uncertainty of the premonitory symptoms, and remarks that the only deduction that can be made is, that continued headache with some febrile symptoms in a phthisical patient, when it can be traced to no other known cause, is strong presumptive evidence of impending tubercular meningitis.

LUSSANA. *On Brachial Neuralgia.* (Prize Essay, Milan.) Schmidt's Jahrb., Bd. 108, p. 168.

Lussana recognises ten principal anatomical sites of brachial neuralgia, viz., in the ulnar, internal cutaneous, median, radial, circumflex, and musculo-cutaneous nerves, in the trunk common to the ulnar and internal cutaneous, and in the three fasciculi of the brachial plexus. He does not, however, think that muscular nerves can be the seat of neuralgia, and consequently admits only eight varieties of brachial neuralgia. Under the head of symptoms, Lussana describes minutely the terminal painful points, the superficial, and the intermediate painful track (via dolorosa). The superficial painful points are the giving off of a nerve from its trunk, where it perforates a muscle or turns round a cylindrical bone, and where it is sub-cutaneous. Of the latter he mentions an axillary, a median-brachial, a supra-cubital, an epitrochlear, a styloid, and a coronoid. In its direction the pain may be centripetal or centrifugal; in the latter case it is continuous, and without any elevation of temperature. The pain is, as a rule, increased by pressure, and, except in the case of the internal cutan. N., by motion. With regard to the temperature of the affected parts, Lussana finds it objectively or subjectively increased in neuralgiæ of cutaneous and sensitive nerves; objectively or subjectively lowered in neuralgiæ of nerves that are chiefly motor. More or less muscular affections are present in all cases, except that of the internal cutan. N. The muscles may be contracted, convulsed, or even paralysed. Pyrexia is rare, nausea and gastric disorders are occasionally present, or even delirium. The *type* is usually more or less markedly intermittent. The differential diagnosis is stated between essential brachial neuralgia and neuritis, rheumatic contraction, articular and muscular rheumatism, neuroma, organic neuralgia (from injuries), angina pectoris, and neuralgiæ, occurring symptomatically with diseases of the heart and large vessels, disease of the cord and vertebral column, disease of the liver, with syphilis and lead poisoning. In the matter of treatment he notices bloodletting, purgatives, baths, and poultices, anti-rheumatics, quinine and arsenic, narcotics, potass. iod., revulsives, flannel, acu- and electro-puncture, and section of the nerve. Quinine, he says, was almost always ineffectual. He seems to rely most on belladonna, used locally either by gentle inunction, endermically, or sub-cutaneously, and also internally in obstinate cases.

DEMME.—*Contributions to the Pathological Anatomy of Tetanus.* Leipsig, Canst. Jahrb., Vol. ii, p. 25, Vol. iii, p. 23.

Demme found in four cases of tetanus the white substance of the spinal cord protuberant on section, and the vessels in a state of hyperæmia and distension. The connective tissue in the white substance was increased, and the grey matter compressed. Demme supports Rokitansky's views as to the concernment of undue growth of the connective tissue in various morbid states. Thus, in the spinal cord it may induce general paralysis, tabes dorsalis, and progressive muscular atrophy; in the cortical matter of the brain it produces paralytic idiocy; in the medullary matter it causes hypertrophy, or when great retraction takes place, senile or one-sided atrophy; in the medulla oblongata it produces disorders of articulation, and of deglutition, or epilepsy; it also appears to be concerned in the changes occurring in Spedalsked and Pellagra in the cord, and in those which affect the retina in M. Brightii. The morbid growth is at first a soft, finely fluid granulous mass, beset with nuclei; subsequently it becomes more solid, and assumes the character of a dense fibrous felt. Demme thinks that the pot. iod. is more likely to be useful in tetanus than any other remedy.

HACKEL.—*On the Pathological Anatomy of the Choroid Plexus.* Virchow's Archiv. xvi, 3 and 4. Schmidt's Jahrb., Vol. 106, p. 16.

Häckel describes the morbid changes occurring in the vessels, connective tissue, and epithelium of the choroid plexus. The connective tissue may undergo (I.) *Regressive* metamorphosis, as fatty, pigmentary, calcareous, or amyloid degeneration, softening and induration;—(II.) *Progressive* metamorphosis, as hypertrophy, fat-development, and proliferous cystoid growth. Hypertrophy may show itself in the form of little hard granulations like the pacchionian, or of soft, translucent or reddish masses of varying size, resembling the structure of Colloncma-colloid.

STEIN.—*On the Pigment in the Cerebral Vessels.* Virchow's Archiv., Vol. xvi, p. 564. Canst. Jahrb., Vol. ii, p. 25.

Stein from his examinations of sixty-two cases is led to connect deposition of yellow pigment in the coats of the cerebral vessels, with a tendency to vascular rupture and extravasation of blood.

VIRCHOW.—*On Multiple Melanotic Sarcomata of the Pia Mater.* Virch. Archiv., Vol. 16. Canst. Jahrb., Vol. ii, p. 31.

Virchow records a remarkable case of multiple melanotic sarcomata in the pia mater of the brain and spinal cord of a man who died after repeated attacks of lead colic, partially paralysed, and almost quite blind. The deposits were most considerable at the base of the brain and posterior surface of the cord. They proceeded from increase of the connective tissue cells, which were often arranged in a fasciculate manner. The cells were sometimes devoid of pigment. In the eyes and in other parts of the body there was no similar change. Virchow regards the process as a hyperplasia of a pre-existing tissue normally disposed to develop pigment.

D. BRUNET.—*Researches on the new Membranes and Cysts of the Arachnoid.* Paris, 1859. Canst. Jahrb., Vol. iii, p. 4.

Brunet considers that new membranes are formed from an exuded blastema, that they are organized, and possess numerous remarkably large vessels, while pseudo-membranes consist only of layers of coagulated fibrine, show no trace of organization, and are devoid of vessels. He believes that the former are produced by a slight degree of inflammation, the latter by a more intense. The smaller formations, not exceeding $\frac{4}{5}$ths of an inch in diameter, he calls *neo-membranes*, all larger he denominates *cysts*. Both occur chiefly in the insane, much oftener in the male than in the female sex, and in children spread over a more extensive surface than in adults. In the neo-membranes are found fat granules, epithelial cells, red and white blood globules, fibrine. The hæmatine separates after a time in the form of round or polyedric granules, single or in groups. The hæmatine often gives to thick old membranes a rusty colour. The cysts contain blood variously altered, mingled with more or less serum. Calcareous deposits have been found in the walls of the cysts.

BROWN-SEQUARD.—*Lectures on the Diagnosis and Treatment of the principal Forms of Paralysis of the Lower Extremities.* Lancet, April 21, 28; May 5, 26; June 9, 23; July 14; Aug. 18; Sept. 8; Oct. 20; Nov. 10; Dec. 22.

Brown-Sequard endeavours to establish the following propositions:—1st. That a paralysis of the lower limbs may be caused by an alteration in the periphery or the trunk of the various sensitive nerves. 2nd. That this kind of paralysis differs extremely from the other kinds of paraplegia by many symptoms, and by the frequency and rapidity of cure. The characteristics of reflex paralysis, whether in the lower limbs or elsewhere are, that there is an "outside excitation, starting from some sensitive nerve," which precedes the paralysis, often determines by its variations corresponding changes in the paralysis, and with whose cessation the paraplegia often disappears, which treatment is unavailing as long as it persists; post-mortem examination shows also the absence of organic disease. In a table he gives a concise comparative view of the principal features of paraplegia from disease of the urinary organs (a reflex paralysis), and of paraplegia from myelitis. A considerable number of cases are cited, from his own experience and that of various authors, proving that paraplegia may be produced by uterine disease, urethral by vesical inflammation, prostatic disease, nephritis, enteritis, cutaneous irritation, disease of the knee, diphtheria, &c. In some cases the paraplegia appeared and disappeared altogether twice or many more times, in accordance with the production or cessation of the outside irritation. Brown-Sequard considers the various objections which may be made against his view; as, that in some cases the paraplegia may depend on pressure exercised by an enlarged uterus; that absorption of altered urinary constituents may cause paralysis; that in cases of teething, enteritis, diphtheria, &c., the cause of the palsy may be a blood disease set up by the disturbance of digestion or respiration, or that the affection may be rheumatic if cold and wet appears to have been the exciting cause. He allows that in a few cases the above objections may be just, but maintains that they are quite invalid for the great majority. He next shows how an external or distant irritation may produce paraplegia (1) by reflex contraction of blood-vessels; (2) by a morbid reflex influence upon nutrition. He lays stress on the importance of distinguishing reflex paraplegia in which the spinal cord is in a state of anæmia from paraplegia depending on congestion or inflammatory action. The remedies which are appropriate to the former as increasing the quantity of blood in the cord (strychnine and brucine) would be injurious, of course, in the latter, and *vice versâ*. After remarking upon Dr. Gull's views, who holds that a myelitis exists in most, if not all, cases of urinary paraplegia, Brown-Sequard states that usually in reflex paraplegia muscles do not become atrophied, or lose their irritability. When exceptions are found, he believes that the wasting is dependent on a morbid action of the nervous system, not on mere withdrawal of nervous influence. He then gives the diagnostic signs between reflex paraplegia and that depending on myelitis, meningitis, the pressure of tumours in or adjoining the cord, seminal losses, hysteria, hæmorrhage in the spinal canal or in the cord itself, congestion of the cord, disease of its vessels, serous effusion in the spinal canal, &c. In the matter of treatment he recommends narcotics to diminish the morbid influence of the nerve whence the irritation proceeds upon the spinal cord; revulsives to produce by a secondary exhaustion dilatation of the blood-vessels of the cord, a dependent position of the spine, special stimulants to the spinal centre, and nourishing food. The narcotics he prefers are belladonna combined with opium, *e. g.*, Extr. Bellad., gr. i; Tr. Opii, m. xx, as an injection in urethral or prostatic paraplegia. This injection is to be retained half an hour or one hour, and its remains then washed away. It is to be repeated every two or three days. Strychnine is the only remedy which has the property of increasing the vital power of the spinal cord; it does this partly by a direct action, partly by increasing the supply of blood to it. When used with opium the dose is to be $\frac{1}{40}$th or $\frac{1}{30}$th grain; when alone $\frac{1}{20}$th; when given with belladonna the dose is to be larger. Baths of sulphuret of potassium are also useful. Alternate applications of cold and heat to the spine are also to be employed with the view of improving its nutrition. In Lecture III, Brown-Sequard describes the symptoms and treatment of myelitis, spinal meningitis, and congestion of the spinal meninges, conditions which are the reverse of reflex paraplegia in regard of the supply of blood. He compares the phenomena in these three diseased states as exhibited by the motor, sensory, and vaso-motor nerves. In myelitis the number of motor conductors affected is much larger, and also the degree of excitation is greater than in spinal congestion and meningitis, so that both the degree of paralysis and the frequency of cramps are greater in the first than in the last two affections. In these again, when not complicated with myelitis, the referring of sensations to the skin and other parts is almost null. In myelitis there is a great variety of sensations referred to paralysed parts. In cases of spinal congestion and meningitis the signs of an excitation of the vaso-motor nerves are less marked than in myelitis. The treatment of myelitis (chronic) is that of reducing hyperæmia by various means, as (1) position; (2) derivatives to the surface; (3) drugs which contract the blood-vessels, as belladonna and ergot of rye. The patient should never lie on his back. The hot douche and dry cupping are of much use. Blisters, moxas, cauteries, are to be employed when there is caries or other organic affection of the bones. Iodide of potassium may be given if symptoms of meningitis are present, and in cases of chronic meningitis is to be preferred to belladonna and ergot. Bed-sores may be prevented or stopped by alternate applications of cold and heat, a bladder of ice for ten minutes, followed by a poultice for an hour, The paralysed limbs should be shampooed and galvanized. In Lecture IV the symptoms of white softening of the spinal cord are described, and those of hæmorrhage in the grey matter. In the former there is gradual and increasing weakness, diminution of sensibility, and loss of power over the sphincters. There are no cramps, no pain in the spine or paralysed parts. The urine is very rarely altered. In the latter the paraplegia is sudden, and there is loss of sensibility from the first; pain is felt at the site of the hæmorrhage, and in the parts of the body supplied by nerves given off from the vicinity of the part of the cord affected by the hæmorrhage, the sphincters are almost completely paralysed from the first. Inflammation often supervenes, and produces the symptoms of myelitis. If the blood is effused outside the cord pain is felt in a greater extent of the spine, and tetanic convulsions are not rare. In both the above cases the prognosis depends chiefly on the extent and degree of the paralysis. In white softening, Pot. Iod. with Ammon. Carb. āā gr. v; iron, tinct. cinchonæ, strychnine, the cold douche, the supine position at night, and generous diet, are recommended. In hæmorrhage, strychnine is to be avoided, and all causes which may produce congestion of the cord. With regard to tumours, the symptoms they produce vary according to their situation, also according to the degree of irritation and the nerves that are irritated. There is usually also pain, increased by pressure, at the part of the spine where the tumour is situated. In the course of the disease myelitis, and sometimes meningitis, occur. Myelitis is indicated by formication or pricking in the paralysed limbs with spasmodic movements or great rigidity, alkaline urine, sloughs on the nates, and sensation of a cord tied round the body or paralysed limbs. In meningitis there is rapid increase of the paralysis, acute pain on any movement of the spine or lower limbs, and spasmodic rigidity of the muscles of the back. In some cases of tumour in or upon the cord, epileptiform convulsions, or real epileptic fits occur. In Lecture IV a table is given showing the much greater prevalence of paraplegia from various causes in men than in women, in the ratio of 107 : 37. Myelitis, non-inflammatory softening, or reflex paralysis are in the named order the most frequent causative conditions. As to age, reflex paraplegia is most frequent in children, myelitis in adults, and non-inflammatory softening in the aged. The author then goes *seriatim* through the various symptoms observed in paraplegia, and shows to what form of paralysis each is attached specially, and what is its cause. The lecture concludes with a review of the principal remedies, and the states to which they are appropriate.

REYNOLDS.—*On Diphtheritic Paralysis.* Brit. Med. J., Aug. 18th.

Reynolds says, "there is a certain general course through which the paralysis runs, from that but slightly marked up to that which results in death. It always begins in the soft palate, either by numbness, loss of power of one-half or of the whole curtain; next amaurosis or strabismus, if the eyes are at all affected, always follows after paralysis of the palate, and before the extremities become involved. Deafness may follow amaurosis, then the lower limbs become affected, next the upper extremities, then the muscles of the alimentary canal and bladder, the respiratory muscles, and, in some very rare cases, the muscles of the heart." Sometimes there is only paralysis of sensation, or this predominates. The prognosis is favorable,—9 deaths occurred among 77 cases. Of these, 2 were caused by food entering the larynx, 1 from convulsions, 1 from renal disease, 1 from starvation, 4 from nervous asthenia and syncope. Treatment is to be invigorating: sulphur baths, galvanism, frictions to the spine, and strychnine have all been found useful.

LEVISEUR.—*Peculiar Disorder of the Faculty of Speaking and Writing.* Pr. Ver. Ztg. N. F. ii, 3, 1859. Schmidt's Jahrb., Vol. 106, p. 39.

Leviseur records 3 cases in which the faculty of pronouncing and writing words correctly was temporarily lost. He regards it as a neurosis of motion, a "*vertigo literalis*," in which letters, syllables, and words are confused, and become perplexed, like objects in ordinary giddiness.

RUSSELL.—*Opium, its Use and Abuse.* Brit. Med. J., April 28, May 5.

Russell illustrates the beneficial effects of opium, and adverts also to the cases where it fails to procure sleep, or is actually injurious. He specially mentions its sedative action upon the heart, which has sometimes, even when the dose was moderate, produced death. In delirium tremens, and in cases of great debility and cardiac degeneration, opium sometimes entirely fails to calm, and may prove injurious. In the earlier period of fever there may be considerable resistance to the soporific effect of opium; while in the later, even a small dose may produce dangerous narcotism.

WADE.—*On the Pathology of Lead Colic.* Brit. Med. J., May 19.

Wade adopts and argues in favour of Briquet's view, viz., that the symptoms in lead colic are referable to cramp of the external abdominal muscles, and not to any affection of the intestines. He explains the constipation of the disease by the contraction of the sphincter ani, and the inability of the diaphragm to descend and induce pressure on the rectum in consequence of the firm contraction of the abdominal parietes.

FRONMULLER.—*Indian Hemp, its Soporific Property.* Prag. Vierteljahrschr. lxv, p. 102, 1860. Schmidt's Jahrb., Vol. 106, p. 160.

Fronmuller, as the result of prolonged experience, recommends Indian hemp as the best narcotic we possess for procuring natural sleep. The lowest dose is 8 grains. (?) It has no prejudicial after-effects.

COLLONGUES.—*Of Dynamoscopy in Cerebral Hæmorrhage.* Gaz. des Hôpit., Nos. 34, 37, 40, 117. Canst. Jahrb., Vol. iii, p. 10.

Collongues affirms that in the healthy condition certain murmurs, hummings, and cracklings are heard on the surface of the body, and especially in the tips of the fingers, which undergo variations in different diseases. In apoplectic cases the murmurs in the fingers diminish, intermit, and vanish in accordance with the violence of the attack, while on the cranium they become stronger, and are variously altered on the rest of the surface of the body. Collongues believes that observation of these murmurs will assist in diagnosis and prognosis.

TEISSIER.—*On the slow Form of Cerebral Ramollissement, and its Treatment by Tonic Measures.* Gaz. Méd. de Lyons, Jan. 16th. Canst. Jahrb., Vol. iii, p. 13.

Teissier gives a very full and valuable account of this disease, including the symptoms, morbid anatomy, causes, pathology, diagnosis, and treatment. The causes he enumerates are vexation on account of disappointed ambition, or losses at play, political agitation, abuse of the enjoyments of life, venereal excesses, inveterate syphilis, specific cures too long carried on, fatiguing intellectual tasks, abuse of certain alcoholic beverages, especially of absynth-brandy, and excessive tobacco-smoking. Wounded vanity seems to be one of the most potent injurious influences. Under the head of pathology, Teissier rejects entirely sthenic inflammation as the essence of the disease, which he believes to consist in weakened vitality of the brain tissue, and consequent defective nutrition and decay. A specific dyscrasia as syphilis may conditionate the malnutrition. Hyperæmia and extravasation may occur as a complication, or secondary change. The treatment must be mainly tonic; occasional attacks of congestion may, however, be met by some leeches to the anus and purgatives.

OPPOLZER.—*The Diseases of the Spinal Cord and of its Envelopes.* Spital. Ztg. No. 21. Canst. Jahrb., Vol. iii, p. 17.

Oppolzer states that tabes dors. is caused by a growth of gelatinoid connective tissue which compresses and atrophies the nerve-cells and fibres.

KÖHLER.—*Six Cases of Disease of the Spinal Cord, with Autopsies.* Deutsche Klinik., No. 9—16. Canst. Jahrb., Vol. iii, p. 17.

Köhler argues against Rokitansky's view of the pathology of tabes dorsalis, which is similar to Oppolzer's, and maintains, with Sachtleben and Frank, that it is the result of a slow inflammation. He has seen yellow softening in 2 out of 10 cases in the cervical part of the cord, which he regards as an exacerbation of the more chronic morbid action. Traces of inflammation of the membranes are constant. Venous plethora of the abdominal and thoracic viscera is a predisposing cause.

WEISMANN.—*On New Formation of Nerves in a Neuroma.* Canst. Jahrb., Vol. iii, p. 18.

The most important circumstance observed by Weismann was, that the tumour was made up of new nerve fibres, not springing from the old ones by subdivision, but developing themselves out of fusiform nuclei arranged in rows. Only a few of these new nerve fibres could have had any communication with the brain.

L. TURCK.—*On Degeneration of separate Columns of the Spinal Cord, developing itself without Primary Disease of the Brain or Cord.* Canst. Jahrb., Vol. iii, p. 19.

Turck's cases were 12—8 males and 4 females. The disease appeared first from the age of 22 to 58, and its duration varied from 1 to 8 years. The affected part was of fusiform shape, tapering above and below. The site of the chief amount of morbid change was about the lower dorsal or upper lumbar vertebræ. Superiorly, the disease extended sometimes even to the pons varolii and crura cerebri. In most of the cases there was no notable wasting of the cord as viewed externally. Microscopic examination, however, revealed more or less destruction of the nerve fibres, and numerous glomeruli. The nerve cells were not destroyed. The degeneration was always symmetrical, even when the lateral columns were affected. In 6 cases the roots of the nerves were carefully examined, and the result was, that they were generally affected, together with the corresponding column; though neither the age nor the intensity of the degeneration of the cord, nor the existence, nor absence, nor special seat of a previous meningitis seemed to have any constant influence in producing change in them. The symptoms of paralysis, pains, formication, anæsthesia, &c., were by no means completely accounted for by the morbid changes. Turck is inclined to think that there must have been other alterations in the minute structure besides those discovered. Turck lays down the following points of distinction between primary and secondary degeneration. (1) The latter commences from a more extensive focus of disease in the brain or cord. (2) The latter spreads upwards in the posterior columns, downwards in the anterior; the former spreads both ways in both columns. (3) Induration and gelatinous softening is absent or rare in the latter. (4) In secondary degeneration the process is limited to the affected columns, and (5) is rarely combined with exudation from the pia mater; the reverse holds true of primary in both particulars. (6) (7) Turck supposes that secondary degeneration produces no morbid symptoms.

II. DEMME.—*Contributions to the Pathological Anatomy of Tetanus, and other Diseases of the Nervous System.* Canst. Jahrb., Vol. iii, p. 19.

Demme has laboriously tested the accuracy of Rokitansky's views by original research, and confirmed them. The report contains a good summary of Rokitansky's and Demme's views, which have been already noticed, v. p. 167, and also the following observations by Eisenmann. Disturbance of the function of a nerve or nervous centre inducing altered nutrition, causes hyperæmia; and if this continues long, or returns often, it leads, as a rule, but not invariably, to a growth (morbid) of the interstitial connective tissue of the nervous centre, whereby the disease becomes established and destructive. This latter change is, of course, not the primary element of neuroses, but only an accessory.

BURQ.—*On a New Diagnostic Sign, &c.* Gaz. des Hôp., No. 33. Canst. Jahrb., Vol. iii, p. 19.

Burq affirms the efficacy of appropriate metallic rings, gold, silver, iron, brass, &c., put round the limb in curing paralytic neuroses of motion or sensation, or chorea.

TURCK.—*On the Nature of the Nervous Fluid.* Gaz. Méd. de Lyon, May 16. Canst. Jahrb., Vol. iii, p. 19.

Turck reports some marvellous cases of cure of various diseases by compression of one carotid, very prolonged warm baths (36 hours many times repeated), and cutting the hair short. He has a theory about the identity of some fluid pervading the whole organism with electricity.

F. LUSSANA.—*A Monograph on Vertigo, and Researches on Nervous Physiology.* Annali Universali, 1858, 1859. Canst. Jahrb., Vol. iii, p. 27.

Lussana places the seat of giddiness in the cerebellum, optic thalami, tuberc. quadrig, and auditory centre. He distinguishes 3 original kinds of giddiness; viz.: of seeing, hearing, and muscular. Each of these may occur alone, or they may be combined. With respect to its cause Lussana divides giddiness into *external*, which again may be objective, sensorial, or reflected; and into *internal* or central. The latter he subdivides into symptomatic, congestive, anœmic, organic, nervous, and narcotic. The diagnostic characters of organic giddiness are stated as (1) chronicity; (2) preceding obstinate pain on one side of the head; (3) gradual increase; (4) it is continuous; (5) it is associated with amblyopia, or amaurosis; (6) by intra cranial pressure, other brain symptoms may be produced, or (7) symptoms referable to the medulla oblongata; (8) disorder of the sexual function; (9) it is incurable.

F. LUSSANA.—*Respecting Angina Pectoris (cardiac neuralgia).* Gaz. Med. Ital. Lomb., 1858. Canst., Jahrb., Vol. iii, p. 37.

Lussana adopts Lartigue's view that angina pectoris is a neuralgia of the cordiac plexus, attended with cramp-like contraction of the muscular fibre of the heart. He cites three autopsies in which the heart was found more firmly contracted than after death from tetanus.

HAMON.—*On Cystalgia and its Treatment, by potential Cauterization of the Hypogastrium.* Union Médic. No. 81—113. Canst. Jahrb., Vol. iii, p. 41.

Hamon describes the pain in his cases (5 females with three relapses in one) as absent when the bladder was empty, increasing as the urine collects, and reaching its maximum when the stream of urine begins to flow. The sphincter is spasmodically contracted, as shown by attempting to introduce a catheter. The disease lasts for months, and at last becomes complicated with more or less paralysis of the bladder. Hamon recommends superficial cauterization of the skin by nitric acid, and the repeated introduction of the catheter.

C. MOYNIER.—*On Chorea.* (Journ. de Méd. de Bruxelles, 1858, 1859). Canst., Jahrb., Vol. iii, p. 48.

Moynier shows (1) that the motor power of the muscles in the affected parts is impaired; (2) that the sensory power of the same is also enfeebled; (3) that the intellectual powers are weakened in proportion to the intensity and duration of the disease; (4) in the same proportion anæmia is produced; (5) palpitation is frequent.

SKODA.—*Chorea.* Clinique Europ., No. 7. Canst., Jahrb., Vol. iii, p. 57.

Skoda relates a case of severe general chorea cured in five days by the free administration of tartar emetic and cold douches to the head. He opines that an exudation in the spinal chord, or in the brain is the immediate cause of chorea, softening of the septum lucid. and fornix is found at least in some cases.

IGN. BETOLI.—*Communicability of Tetanus from Animals to Men.* Annali Univ., 1859, p. 98. Canst., Jahrb., Vol. iii, p. 57.

Betoli asserts that tetanus prevails epidemically, affecting both animals and human beings, in the Brazils. He gives a doubtful case of its communication by eating the flesh of an ox who died with the disease. In the way of treatment Betoli relies upon wine exhibited freely with spirituous camphor enemata and an occasional castor-oil and sulphur aperient. General frictions to the surface are also useful; they should be especially applied to the *central point* from whence the convulsions radiate. This central point in cases of traumatic tetanus, rarely coincides with the wound.

VELLA, MANEC, HARLEY, SAYRE, GINTRAC, CHASSAIGNAC, and SEWELL, record cases in which curare was tried on animals or man as a remedy for tetanus. A successful result was obtained in two out of five men, none of the animals recovered though the spasms were arrested in two out of three.—Canst. Jahrb., Vol. iii, p. 62.

CRIS. ZURADELLI.—*The Palsies of the Radial Nerve, resulting from Rheumatism and Injury.* Gazz. Med. Ital. Lomb., 1858, No. 44—47. Canst., Jahrb., Vol. iii, p. 75.

Zuradelli gives a full account of the predisposing and determining causes, the three forms (neuralgic, sudden, and mixed), the symptoms, diagnosis, prognosis, duration, termination, complications, and treatment of the rheumatic disease. The chief remedial means in well-marked cases are vesicants, sulphur baths, and electricity. The disease has no tendency to get well spontaneously, it is more difficult of cure the longer it has lasted. The paralysis is of sensation as well as of motion in the majority of cases, in others there are neuralgic pains with nocturnal exacerbation, or formication, or other dysæsthesiæ. The disease in bad cases extends to the median and ulnar nerves.

ZURADELLI.—*Of Palsy of the Spinal Muscles.* Gazz. Med. Ital. Lomb., No. 18—21. Canst. Jahrb., Vol. iii, p. 77.

The disease in question is peculiar to males, and appears to be induced by occupations in which the spinal muscles are severely tasked. Insolation, injuries to the spinal column, as well as lumbago (*i.e.* rheumatism), seem also to have some influence in occasioning it. Its course is slow, especially at first, when it is fully developed the patients are confined to bed. The disease occurs sometimes idiopathically, more often it is symptomatic of some disease of the spinal cord, or vertebræ. In the way of treatment Zuradelli recommends local bloodletting at first, issues, strychnine, internally and externally, and electricity.

LUYS.—*Epilepsy* (*case*). Jour. du Progrès, No. 11. Canst. Jahrb., Vol. iii, p. 81.

Luys case was one of epilepsy from tubercles in the vicinity of the roots of the fifth nerve. Brown-Sequard remarks à propos of this case that cerebral tumours almost always produce epilepsy if they are in contact with the dura mater, otherwise they do not.

BONGARD.—*Some Considerations respecting Epilepsy.* Jour. de Méd. de Bruxelles, March, April. Canst. Jahrb., Vol. iii, p. 81.

Bongard has treated sixteen patients by induced electricity, four of these were cured, ten improved, and in two no benefit was obtained. Some of the improved are still under treatment, and may still be cured.

SCHRÖDER V. DER KOLK, DEMME, and BROWN-SEQUARD are all in favour of counter-irritants applied to the neck in epilepsy, as setons, issues, and even the actual cautery.—Canst. Jahrb., Vol. iii, p. 91.

VOISIN.—*Of Hysterical Cutaneous Anæsthesia.* Gaz. Hebdom. 1858, No. 48. Canst. Jahrb., Vol. iii, p. 93.

Voisin states that hysterical anæsthesia very rarely occurs except after a violent convulsive attack attended with loss of consciousness. Among fifteen such cases anæsthesia was found in eleven, the others were examined too late. Voisin thinks that the loss of consciousness stands in a causal relation to the anæsthesia. He confirms Beau's statement that analgesia is the commencement of anæsthesia. Loss of the sense of contact and of temperature belong to the more advanced degrees of anæsthesia. Briquet reporting on this paper states that of 221 anæsthetic women only 160 had had convulsive attacks.

Rustegho.—*Essay on the so-called Hysterical Paraplegias.* Canst. Jahrb., Vol. iii, p. 93.

Rustegho reports five cases, in one of which all the four limbs had been set for four months in a state of stiff contraction and extension, and were extremely sensitive to contact. Convulsive attacks with loss of consciousness occurred every two days. A cure was obtained by full doses of opium. The muscles in these cases do not waste or lose their electric contractibility for a long time.

Virchow and Bergson each describe a case of local atrophy, affecting in one the left side of the face, in the other also the left half of the tongue and uvula. Virchow regards these cases as neurotic atrophies, although the sensory and motor nerves retained their functional powers. Bergson is inclined to think the arteries more at fault.—Canst. Jahrb., Vol. iii, p. 100.

PSYCHIATRIK.

Forbes Winslow.—*On Obscure Diseases of the Brain and Disorders of the Mind; their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis.* Churchill. p. 721.

Fourteenth Report of the Commissioners in Lunacy to the Lord Chancellor.

Second Annual Report of the General Board of Commissioners in Lunacy for Scotland.

Bushnan.—*Religious Revivals in relation to Nervous and Mental Diseases.* p. 46. Churchill.

West.—*Seventh Annual Report of the Omagh District Hospital for the Insane.* p. 36.

Lindsay.—*Thirty-third Annual Report of the Perthshire Lunatic Asylum.* Sidey—Perth. pp. 103.

Aldis.—*The power of Individuals to prevent Melancholy in themselves.* Churchill.

A. Krauss.—*The mind in insanity.* Schmidt's Jahrb., Vol. 105, p. 221.

Baillanger.—*On the communicability of Insanity.* Edin. Med. J., May, p. 1043, 1860.

Kirkbride, T.—*A brief account of the Pennsylvania Hospital for the Insane, at Philadelphia, with a description of the new Buildings.* Americ. J. of Med. Sciences, April, 1860, p. 305.

Reports of 9 *American Institutions for the Insane.* Americ. J. of Med. Sciences, April, 1860, p. 453.

CRICHTON BROWNE.—*Psychical Diseases of Early Life.* J. of Mental Science, April, p. 284.

GASKELL, S.—*On the want of better provision for the labouring and middle classes when attacked or threatened with Insanity.* J. of Mental Science, April, p. 321.

On Habits of Intoxication as causing a Type of Disease. J. of Psychological Medicine, April, p. 125.

Review of "Report of the Lunatic Asylums of Holland". (contains much of interest in the way of treatment). Brit. and For. Med.-Ch. Rev., Jan. 1860.

Nervousness. J. of Psycholog. Medicine, April, p. 218.

Modern Magicians and Mediomaniacs. J. of Psycholog. Medicine, April, p. 246.

MARCÈ.—*One form of Hypochondriacal Delirium occurring consecutive to Dyspepsia, and characterized by refusal of food.* J. of Psycholog. Medicine, April, p. 264. Ann. Med. Psychol., Jan., 1860.

HINDS. *Narcotics in Incipient Insanity.* Brit. Med. J., June 16th.

BERTHIER.—*Melancholia produced by a latent Pregnancy, and terminating by Abortion occurring without the knowledge of the mother.* Gaz. de Lyon, 5, 1859. Schmidt's Jahrb., Vol. 106, p. 338.

PARIGOT.—*On the Reform of Lunatic Asylums.* J. of Psycholog. Medicine, July, 1860.

ARLIDGE.—*Notes on the Asylums of Italy, France, and Germany.* J. of Psycholog. Medicine, July.

The state of Lunacy in Scotland. J. of Psycholog. Medicine, July, 1860.

CONOLLY.—*Recollections of the Varieties of Insanity*—Part I. *The Hanwell Asylum.* Med. Times and Gazette. Jan. 7th, Feb. 4th, March 3rd, April 7th, May 12th, June 2nd, July 7th, Aug. 4th, Sept. 1st, Oct. 6th, Nov. 3rd, Dec. 1st.

Braidism.—*Journal of Psychological Medicine*, Oct. 1860.

The state of Lunacy in England. J. of Psycholog. Medicine, Oct.

DUNGLISON.—*Statistics of Insanity in the United States of America.* J. of Psycholog. Medicine, Oct., N. Amer. Med. Ch. Rev., July, 1860.

PARIGOT.—*On the Management of the Insane in Belgium.* J. of Psycholog. Medicine, Oct.

ROELL.—*Statistical and Clinical Communications from the Asylum for the Insane, at Dordrecht.* Schmidt's Jahrb., Vol. 108, p. 235.

RUSSELL.—*Illustrations of Disease produced by Mental influence.* Brit. Med. J., Nov. 3rd, 10th.

BAILLARGER.—*Hypochondriacal Insanity as a precursor of General Paralysis.* Gaz. des Hôpit., Sept. 1860. Edin. Med. J., Dec.

BRIERRE DE BOISMONT.—*Perversion of the Mental and Bodily Faculties as premonitory symptoms of General Paralysis.* Gaz. de Hôpit., Oct. 1860. Edin. Med. J., Dec.

Reports of American Institutions for the Insane. Amer. Q. J. of Med. Science, Oct., 1860, p. 486.

Report on the Condition of the Insane in Holland, from 1851—1856. Schmidt's Jahrb., Vol. 107, p. 235.

DEVERGIE, HALLER, WACHSMUTH.—*On Psychiatrik in its Legal Relations.* Bull. de l'Acad. xxiv, March; Ann. d'Hyg. 2 Ser. xi, April, 1859. Wien. Ztschr. N. F. ii, 35, 36, 1859. Henke's Ztschr. xl, 1860. Schmidt's Jahrb., Vol. 107, p. 242.

Hysteria in connection with Religious Revivals. J. of Psycholog. Medicine, Jan., 1860.

The writer defines hysteria as a morbid condition produced by some emotion which is denied outlet through its natural channels of activity. The force thus engendered accumulates till it overcomes all resistance, active or passive, and culminates in the production of a paroxysm, or hysteric fit. In the case of an emotion suddenly aroused and rapidly culminating, the muscular movements are usually succeeded before long by active secretion, either renal or lachrymal, and the paroxysm is brought to a speedy close. In cases of an opposite kind, when the paroxysm follows intense or protracted contemplation the same degree of relief is not afforded, and the physical phenomena, when they have moderated an excessive or unbearable degree of tension, are commonly followed by some form of somnambulism. Those which have most bearing on our present purpose are trance and ecstasy. The former is characterised by torpor as far as regards all impressions conveyed through the organs of sense; while, at the same time, the sensorium is cognisant of a train of ideas, or dream, suggested by the active emotion, and coincident with the habitual course of contemplation concerning it. In ecstasy these conditions are slightly modified, so that the sensorium is percipient of impressions from without, if they harmonise with, or are even associated with the dominant feeling. There is also some degree of co-ordinate reaction upon the muscular system; so that the course of the dream is indicated, more or less, by appropriate speech and gesture; and the influence exerted upon it by suggestion can be readily observed and demonstrated. The immediate termination of these states, convulsive or somnambulistic is necessarily in a period of weakness, and exhaustion commensurate with the nervous force put forth; and to be recovered from (if at all) only by the gradual operation of circumstances favorable to strength of body and repose of mind. Their ultimate tendency is to place both the will, and the physical organism under the government of the emotions; and so to degrade humanity below the level of the brutes that perish. The writer then traces the coincidence between this account and recent actual occurrences.

AUZOUY.—*Lesions of the Cutaneous Sensibility among the Insane.* J. of Psycholog. Medicine, Jan., 1860.

Auzouy has studied the lesions of the cutaneous sensibility met with among the insane. Among 600 patients he found more than half affected with various degrees of analgesia. This state as shown by M. Beau may exist without tactile anæsthesia, but the latter of course involves the former. M. Michea has *constatè* the existence of analgesia in the case of most persons afflicted with melancholia, and notably so amongst those suffering from religious and suicidal lypemania. Physical insensibility manifests itself sometimes in a transitory form, and exists only during the continuance of the paroxysms in certain maniacal fits. Among the remedial means which M. Auzouy has used with advantage he mentions cold affusions, frictions, with stimulating applications, or with congealed snow, muscular exercise and manual labour, urtication, ætherization carried as far as the period of excitement only, and electro-magnetism. Of ætherization he speaks very favorably, and also of electricity. The latter was tried on various classes of patients, with the view of testing the degree of analgesia in each. Out of seven cretins four showed no sensibility to the current, two had very little, in one the sensibility was nearly normal. Out of 18 idiots in four the skin was quite insensible, in 7 there were traces of obtuse sensibility, in 5 the sensibility was normal, and in 2 excessive, of 32 imbeciles 5 were wholly insensible, 18 had obtuse sensibility, 7 normal, 2 excessive. Of seventeen melancholics in seven the cutaneous sensibility was quasi-normal, in four it was diminished, and in six it was wholly lost. Their muscular contractions were always energetic. In thirteen monomaniacs there were six cases of well-marked analgesia. In almost all the others the cutaneous sensibility was more or less diminished; in three a temporary improvement was effected in the mental condition, and a similar result, or even more favorable, has been obtained with some lypemaniacs. Of thirty-five maniacs none were benefited; in several, at least, the sensibility seems to have been nearly normal. M. Auzouy believes that electricity is a precious means of exploring the mental state of the insane, inasmuch as its influence is in direct ratio of the exterior sensibility, and intellectual development of the subject, whatever be besides the particular type of his madness. He thinks it useful also as a therapeutical agent in cases of depression, and as a means of detecting malingerers.

NEEDHAM.—*On Acute Mania.* Brit. Med. J., Jan. 14th.

Needham has some remarks on acute mania, which he divides into the following groups of cases: sthenic, asthenic, and sub-acute persistent. After sketching the symptoms he describes the treatment he has found most efficacious. In the *sthenic* cases leeches to the head, purging with calomel and croton oil, and tartar emetic in 1 grain doses 3tiis horis until the bowels are freely acted upon; after this a full opiate at bed-time. He considers the purging action of the antimony essential, and eschews producing nausea. In *asthenic* cases he uses, after aperients and warm bathing, opium combined with diffusable stimulants. Forced exercise, as walking, he finds beneficial in equalising the circulation and producing weariness. In the *sub-acute persistent* no treatment seems to be of much avail, and Mr. Needham believes there is commonly organic, cerebral, or, at all events, visceral change. Death ensues by gradual exhaustion, or by a paralytic seizure.

JARVIS.—*On the Causes of Mental Diseases.* J. of Mental Sc., Jan., 1860.

Jarvis writing on the causes of mental disease states that among

12,838 patients (in America) the causes of whose insanity are stated, 22.7 per cent. were connected with grief, disappointment, and other depressing emotions; 8·2 with excitements, anxieties, and depressions from religion, 6·9 with property, poverty, and business, and their attendant anxieties, excitements, and losses; and 5·6 per cent. from excess of mental action. He points out at length, and with copious illustration, how all excessive labour of every kind impairs and wastes the strength, and renders the system more prone to disorder. Whoever allows in himself any excessive expenditure or misappropriation of mental force, or any indulgence in passion, caprice, oddity, impulse, or perversity, and takes but a single step from the path of discipline, propriety, or reason finds his downward progress progressively facilitated, and the possibility of return more difficult.

H. Tuke.—*On General Paralysis.* J. of Mental Sc., Jan., 1860.

In continuation of his paper on general paralysis Tuke remarks on the failure of articulation, which is one of the characteristic symptoms of the disease. He points out how to distinguish it from a similar affection recurring in lead poisoning, cerebral congestion, organic disease of the brain. Relative to the peculiar expression of the face, he says, "even in a very early stage there is a marked look of indifference, frequently accompanied with drooping of the upper, and infiltration of the lower eyelids." There is a heavy and sensuous expression about the mouth, a boyish appearance of face, the partially paralysed muscles no longer show the lines indicative of care, of sorrow, of ambition, or remorse. "At an early period after the accession of physical symptoms in paralytic insanity, a peculiar carriage of the head forms a very prominent feature. It is no longer unconsciously balanced upon the shoulders as in health; the patient seems to support it by a voluntary effort, and there is thus a rigidity of the neck induced, which is very characteristic of the disease."

Calmeil.—*The Relation of Alcoholism to Insanity.* Gaz. des Hôpit., 76, 1859. Schmidt's Jahrb., Vol. 105, p. 94.

Calmeil states that out of 176 patients received into the hospital at Charenton in 1857, alchoholic excess was assigned as the principal cause of the insanity in 60. In 1858 there were 42 such cases out of 174. He distinguishes three phases of alcoholic poisoning. (1) An acute, in which the morbid influence is inseparable from the action of the cause, and therefore ceases along with it. Excitement and rage are the predominating mental affections. (2) A sub-acute which overlasts the immediate action of the cause, and in which feelings of depression prevail. (3) A chronic which has already produced anatomical or functional disturbances in the central nervous system attended with the ordinary symptoms of the various forms of idiocy. Of the 102 cases above alluded to twelve suffered under a form of lypemania. In these hallucinations were the most frequent of the psychical symptoms, affecting the hearing twelve times, the sight eleven, the sense of feeling twice, that of taste once. They were always of a gloomy, melancholy kind. The physical symptoms consist in twitchings of the muscles of the face, tremblings of the hands and arms, headache, giddiness, acid dyspepsia, and loss of sensibility of the extremities as far as the knee and elbow-joints. The treatment of acute cases consists in prolonged baths, bloodletting, small doses of opium, and purgatives; grave cases have been relieved by cold affusions. In a table the symptoms of lypemania alcoholica with paralytic attacks are contrasted with those of general paralysis.

CITELLA.—*Case of Religious Melancholy.* Gaz. Lomb. 6, 1859. Schmidt's Jahrb., Vol. 105, p. 96.

Citella relates a case of religious melancholy with inclination to suicide, which recovered after a fall out of a window about forty feet from the ground. No serious injury was produced by the fall, which was the patient's own act. She was a married woman, æt. 32, the mother of four children.

BRIERRE DE BOISMONT.—*Statistics of the Asylums for the Insane in France, from* 1842 *to* 1853, *according to Legoyt, the Head of this Department.* L'Union 39, 1859. Schmidt's Jahrb., Vol. 105, p. 219.

In the year 1835 the number of insane in France was stated at 10,539; in 1851 at 24,253; in 1854 at 24,524. Besides these it was estimated in 1851 that there were no less than 24,433 insane persons who were kept at home, or under private care. The whole total therefore compared with that of the population gives a ratio of one insane person to every 787 inhabitants. Legoyt is, however, inclined to think that the increase is more apparent than real, and that it is chiefly owing to circumstances which have caused insanity to become more an object of consideration, care, and study. It appears from the report that the class of artizans produces in proportion eight times more insane than that of persons possessed of private property or rentiers. Taking the classes of jurists, clergymen, physicians, professors, and writers, it is found that there is among them, altogether, one insane to every 205, while for the population taken as a whole the proportion is one to 1294. The town population appears to be much more liable to insanity than the rural; but on this, again, Legoyt throws some doubt. The number of idiots in 1853, is stated at 2654; that of cretins at only 45; but the latter figure is certainly too low; in the department of "Basses Alpes" alone, the cretins have been estimated at 3000. The yearly average of deaths among the insane is 2675. The mortality of patients admitted into public and private asylums is very considerable for the first month, amounting to 108 per 1000. Brierre de Boismont does not ascribe this to the mental effect of the sudden change, and confinement, but to the fact that a large number of those who are sent to asylums are in an advanced stage of disease, and beyond all possibility of cure. Besides it often happens that delirious fever patients, or pneumonic, &c., are sent to asylums from a wrong diagnosis.

Reports of Nine American Institutions for the Insane. Amer. J. of Med. Sc., Jan., 1860.

The report of the New York State Asylum includes the years marked by the financial panic and the great religious awakening. The former does not seem to have had any great effect in increasing the number of the insane, and the latter has mostly acted as an exciting cause by operating on "already prepared and smouldering elements of disease." Dr. Chapen, at the King's County Lunatic Asylum, lays much stress on the adulteration of alcoholic liquors as a cause of insanity, even among those who are habitually temperate. The report of the Mount Hope Institution considers it to be a fallacy to object to lunatics being associated with lunatics. "The delusions under which the insane labour, are sometimes corrected and dissipated by the sallies of wit and repartee of their fellow patients." The report from the Indiana Hospital remarks, "the effect of spiritualism upon the mind and body is almost irredeemably ruinous." The followers of this delusion (who are of all grades of intellect) exhaust in their "sittings" the nervous system. The report of the Missouri Asylum strongly recommends proper individualised treatment, in other words, the influence of the sane mind acting beneficially on the insane. The peculiarities of each individual patient should be studied, and the moral treatment adapted to them.

SKAE.—*Contributions to the Natural History of General Paralysis.* Edin. Med. J., April, 1860.

Skae describes, at considerable length, the affection termed general paralysis, which he considers to be incurable. With respect to its pathology, he states that, in a very large proportion of cases, traces of chronic inflammatory action are found in the membranes of the brain, viz., thickening and milky opacity of the arachnoid membrane, gelatinous thickening of the pia mater, or serous effusion into the subarachnoid cellular tissue or pia mater. In old cases, the serous effusion is often very great, so as to cause shrinking of the cerebral convolutions—in short, a general atrophy of the brain. The grey matter of the convolutions is softened, more or less congested, and very frequently firmly adherent to the membranes. Its nucleated cells are found, with the microscope, enlarged, and generally irregular in form compared with healthy structure. The white cerebral matter is very frequently tougher and harder than usual, in some cases remarkably so. In others it is soft, and sometimes the fornix, sept. lucidum, and commissures are quite diffluent. The ventricles commonly contain much fluid, and their lining membrane is often studded with minute points. His observations are by no means confirmatory of Austin's, relative to the connection between the pupil affected and the character of the mental symptoms. He finds, also, that the proportion of males to females is much greater than that stated by Austin.

SANTLUS.—*On the Increase of Mental Disorders, and their Connection with the Sexual Functions and Diseases of the Generative Apparatus.* Henke's Ztschr., xxxix, 3, 1859. Schmidt's Jahrb., Vol. 106, p. 333.

The general results at which Santlus arrives from his examination of the subject are, that the three great causes which impair the productive faculty in men, are also the main causes of increasing mental aberration—viz., increasing corrupt sexual indulgence, increasing abuse of narcotics (among which he includes tea, coffee, tobacco, and spirits), and increasing pauperism.

NASSE.—*The Import of the state of the General Nutrition in judging of the Progress of Mental Disorders.* Allg. Ztschrz. f. Psych., xvi, 1859. Schmidt's Jahrb., Vol. 106, p. 341.

Nasse states, that almost without exception, the weight of those who left the asylum recovered was greater than it had been on their admission. The increase was generally rapid, especially in men, reaching its maximum in one to three months. After recovery is complete, no further increase of weight takes place, or there may be some loss. Males, on an average, increase in weight 15·8 per cent., females, 21·6; and the increase is more strongly marked in the less advanced than in the later period of life. The more marked the increase in weight is, the more decided and positive is the improvement in the mental state. In the patients who were dismissed *improved* only, it was also true that psychical improvement coincided with increase of weight; and the converse also holds good.

WOOD.—*On the Progressive Paralysis of the Insane.* Brit. and For. Med.-Ch. Rev., July, 1860.

Wood enumerates various objections which may be urged against the name "general paralysis," commonly given to the malady, and proposes to substitute progressive paralysis, as the disorder almost invariably progresses steadily from its insidious commencement to its fatal termination in general palsy. In describing the early symptoms of the disease, he insists strongly on the importance of its being recognised and treated early, and on the need there exists for protecting the patient's family from the misery into which they may be plunged by his folly and delusions. With respect to forcible feeding, he enters into some detail, recommending a simple elastic bottle as the best apparatus. The diagnosis of progressive paralysis from dementia is to be made by the history, by the remissions attended with temporary improvement, and by the possibility of rousing the attention by persevering efforts. As to pathology, Wood acknowledges that it is utterly obscure, all the various morbid alterations which are found in those who die of this disease being also met with in those who have never presented any of its symptoms. The treatment must be essentially supporting.

BURNETT.—*On some of the Difficulties in the Diagnosis and Prognosis of Mental Diseases.* Brit. Med. J., Aug. 4th.

Burnett distinguishes between the delirium of acute arachnitis, and that of acute mania, and states that both may co-exist in the same patient. He directs attention to permanent rapidity of the pulse as a very unfavorable sign in cases of mania, while, if the pulse rises and falls together with the paroxysm, he believes there is seldom real danger. Remarking upon cases of sudden acute mania, he argues that somatic changes, predisposing to the event, must have been in progress for a long time before. He describes a class of cases in which there is great difficulty in detecting the existence of mental disease, though the person is unfit to have the control of property, owing to the rapid succession of imperfectly formed ideas.

Billod.—*On Pellagra in Italy, and more particularly in the Lunatic Asylums of that Country.* J. of Psycholog. Med., Oct., 1860.

Billod states that the cause of pellagra is complex and variable; it results from a combination of many hygienic conditions, of which the use of maize is one of the principal.

Hood.—*On the Condition of the Blood in Mania.* Med.-Chir. Trans., 1860, p. 159.

Hood states, on the basis of three cases of acute mania and three of recurrent mania, that there is a marked deficiency of fibrine during the period of maniacal excitement, and a correction of this deficiency during convalescence. For the analyses, see Report on the Institutes of Medicine, page 34.

Baillarger.—*On Paralytic Dementia, and Mania with Ambitious Delirium.* Gaz. Méd. de Paris., No. 24. Ann. par Jamain., 1860, p. 101.

Baillarger concludes that ambitious mania and paralytic dementia are two separate disorders, which cannot be considered as the acute and chronic forms of the same affection (general paralysis, so called), but rather are as diverse as mania and simple dementia. He proposes, for ambitious mania, the appellation *congestive*, to distinguish it from simple mania.

MUSCULAR SYSTEM, INDEX.

Banks.—*Cases of Muscular Palsy, Cruveilhier's Disease.* Dublin Hosp. Gaz., Aug. 1st.

Piorry.—*Rapid Cure of a long-continuing Muscular Pain by Shampooing.* Gaz. des Hôpit., 49, 1860. Schmidt's Jahrb., Vol. 107, p. 300.

Niemeyer.—*Two Cases of Muscular Atrophy.* Deutsche Klinik, No. 27. Canst. Jahrb., Vol. iii, p. 101.

Sandahl.—*Paralysing Muscular Atrophy.* Berl. Med. Ztg., No. 28. Canst. Jahrb., Vol. iii, p. 102.

Chenevier.—*Rheumatism of the Diaphragm.* Journ. de Méd. de Toulouse. Ann. par Jamain, 1860, p. 48.

Inman.—*On Myalgia and Myositis.* Brit. Med. J., Jan. 14th.

Inman records seven cases of myalgia and myositis (pain, and inflammation of muscles), from which he draws the following inferences:—(1) That excessive use of a muscle may produce an inflammatory condition. (2) That this condition may subside without suppuration or organic change. (3) That resolution is favoured by absolute rest. (4 and 5) That myositis may be induced by slight exertion, if beyond the patient's strength. (6) That in such patients, debility or cachexia must be present, the latter resulting from various causes. He suggests, on the ground of his cases, (*a*) that the severe pains so common in scurvy, and the brawny hardness so constantly met with in the hams, calves, and thighs in that complaint, are due to myositis, from over-exertion in individuals weakened by scorbutic cachexia; (*b*) that the hardness of the abdominal walls, so common in cancerous affections and in inflammations of the liver, may be due to myositis, the result of over-exertion in a cachectic subject, or from the spread of inflammation from the liver to the recti and obliqui; (*c*) that the few cases in which myalgic pains are relieved by local bleeding are those in which over-exertion has produced a quasi-inflammatory condition in the affected muscle.

INMAN.—*On the Physical Condition of the Muscles during Myalgia.* Brit. Med. J., Feb. 4th.

Inman, from examination of the muscles of tetanic patients and those of a coursed hare, states that excessive muscular action will produce rupture of muscular fibres and their associated blood-vessels. He argues that in weakly persons similar effects may be produced by exertion which, though actually small, is to them excessive. He gives sketches of the appearances observed in the muscles of the hare.

INMAN.—*Myositis and Myalgia; Dyspepsia and Phlegmasia Dolens.* Brit. Med. J., Feb. 25th.

Inman records cases of inflamed and sore throat, and of phlegmasia dolens, which he supposes to have been produced by extension of inflammation from over-strained muscles, the sterno-mastoid in the neck, the psoas-iliacus in the pelvic region.

BAMBERGER.—*On Progressive Muscular Atrophy.* Oester. Ztschr. f. prakt. Heilk., vi, 7, 1860. Schmidt's Jahrb., Vol. 106, p. 171.

Bamberger reports three cases, and states his opinion that the affection is primarily of the muscles, not of the nerves. In two of his cases, there seemed ground to suspect the hereditary nature of the disorder. Chills and over-exertion are the other principal causes.

VIRCHOW and ZENKER.—*On Trichina Spiralis in Man.* Med. T. and Gaz., May 26th.

Virchow and Zenker record a case in which a robust female æt. 24 years was admitted with symptoms resembling those of typhoid fever. "A remarkable affection of the whole muscular system now rapidly supervened, consisting in extreme painfulness of the extremities, with contractions of knee and elbow joints, and œdematous swelling, particularly of the legs." Subsequently, pneumonia set in, and the patient sank. Trichinæ, in various stages of development, were found in all the striated muscles of the body excepting the heart, as well as in the intestinal mucus. It was ascertained that some ham and sausages, prepared at the house where she had resided, was full of trichinæ, and it is probable that she had eaten some of the raw meat. Experiments made by feeding rabbits with flesh containing trichinæ, show that death ensues in about a month with symptoms of general muscular paralysis. The trichinæ are found in the mesenteric glands, and in all the striated muscles of the body.

CIRCULATORY SYSTEM.

EARNSHAW.—*Case of Aneurism of the Arch of the Aorta.* Lancet, Feb. 11th, 1860.

Brinton.—*Clinical Remarks; Chlorosis as a Cause of Venous Obstruction.* Lancet, Feb. 18, 1860.

Markham.—*Endocarditis; Pathology; Acute Affections of the Heart's Valves; their Degenerations.* Brit. Med. J., Feb. 18th, 1860.

Packard, J. H.—*Remarks on the State of the Capillary Blood-vessels in Inflammation.* Americ. J. of Med. Sciences, Jan., 1860, p. 62.

Darrach, B.—*Aneurism of the Aorta pressing upon the Trachea, and causing violent Paroxysms of Asthma, with Statistics of twenty-two Cases of Aneurism of the Thoracic Aorta, from the Records of the New York Hospital.* Americ. J. of Med. Sciences, Jan. 1860, p. 82.

Hervez de Chégoin.—*Suspension of the Circulation in Gout.* (*Cases.*) Med. T. and Gaz., March 31st.

Porter.—*Rupture of the Heart.* (*Case.*) Dublin Hosp. Gaz., June 1st.

O'Ferrall.—*On the use of Larch Bark in Hæmorrhages.* Dublin Hosp. Gaz., July 2nd.

Johnson.—*Aneurism of the Abdominal Aorta, producing Erosion of the Vertebræ; Fatal Result slowly induced by gradual Hæmorrhage behind the Peritoneum.* Lancet, July 14th.

Jenner.—*Case of Embolon in the Cerebral Arteries, which had produced Hemiplegia, the result of Rheumatic Endocarditis.* Lancet, May 12th; July 14th.

Bernard.—*Case of Malformation of the Heart, presenting only two Cavities.* Brit. and For. Med.-Chir. Rev., July, p. 259.

Wagner.—*Case of primary softening of the Heart's Tissue.* Arch. de Heilk., i, 2, 1860. Schmidt's Jahrb., Vol. 107, p. 13.

Wallmann.—*Aneurism of the Hepatic Artery.* Virch. Arch., xiv, 3 and 4. Schmidt's Jahrb., Vol. 107, p. 36.

Lebert.—*Symptoms of Endocarditis, with insufficiency of the Aortic and Mitral Orifices; Apoplectiform Attack; Albuminuria; Pneumonia; Death. Embolic of the middle Cerebral Artery, with corresponding Softening of the Brain; Disease of the Valves on the left side of the Heart.* Gaz. Méd. de Paris. Edin. Med. J., Aug., 1860, p. 169.

Sisson.—*On the value of Tonics in Asthenic Dropsy.* Lancet, Aug. 11th.

Cooke.—*Epistaxis giving rise to Hæmatemesis, the Hæmorrhage proceeding almost to fatal Syncope.* Lancet, Aug. 11th.

Ranking.—*Pneumothorax, without urgent symptoms, followed by Recovery; Subsequent Death of the Patient from Dissecting Aneurism of the Aorta.* Brit. Med. J., Aug. 25th.

Raymond.—*Case of Rheumatic Fever with Endocarditis, treated without Depletion or Mercury.* Med. T. and Gaz., Sept. 1st.

Michell.—*Sudden Death from Rupture of a Dilated Aorta into the Pericardial Sac.* Med. T. and Gaz., Sept. 1st.

Little.—*Case of Diseased Aortic Valves; Bruit heard only at Apex.* Med. T. and Gaz., Sept. 1st.

Reid.—*Case of Aneurism of the Abdominal Aorta opposite the Cœliac Axis.* Dublin Hosp. Gaz., Sept. 1st.

Hinds.—*Chorea and Acute Pericarditis; what is the nature of their relation?* Brit. Med. J., Sept. 8th.

Döringer.—*On Werlhof's Blood-spot Disease.* Med. Centr. Ztg., xxix, 1860, Schmidt, Jahrb., Vol. 108, p. 38.

Daniell.—*Case of Ectopia Cordis.* Brit. Med. J., Oct. 6th.

D'Arcy and Thompson.—*Treatment of Epistaxis by Direct Pressure (a sheep's œsophagus distended by water is used).* Dublin Hosp. Gaz., Oct. 1st.

Milner Barry.—*Case of Leucocythæmia.* Archives of Med., No. V.

Begbie.—*Narrative of a case in which malformation of the Pulmonary Valves gave rise to remarkable Cardiac Sounds.* Archives of Med., No. V.

Fournier.—*Double Blowing Murmur over the base of the Heart, without Valvular Disease.* Edin. Med. J., Nov., p. 470.

Ward.—*General and Clinical remarks on Scurvy.* Lancet, Nov. 3rd, 1860, Nov. 24th, Dec. 8th.

Luschka.—*Villous outgrowths of the Outer Coat of small Blood-vessels.* Virch. Arch. xvi. p. 73. Canst. Jahrb., Vol. ii, p. 34.

Recklinghausen.—*Tubercle (Miliary) in the Muscular Structure of the Heart.* Canst. Jahrb., Vol. ii, p. 34.

Cockle, J.—*Historic Literature of the Pathology of the Heart and Great Vessels.* Feb. 4th, 18th, March 3rd.

Markham, W. O.—*The Pathology, Diagnosis, and Treatment of Cardiac Diseases.* Feb. 4th, 18th, March 3rd.

Brinton, W.—*Clinical Remarks; Complex Heart Disease, Necropsy.* Lancet March 10th, 1860.

Corrigan.—*Aneurism of Arch of Aorta; absence of all direct Physical Signs, a Diagnosis by Rational Symptoms.* Dublin Hosp. Gaz., March 15th, 1860.

Hudson, A.—*Case of Fibrinous Polypi of the Heart.* Dublin Hosp. Gaz., March 15th, 1860.

Canton, E.—*Notes on Atrophy and Degeneration of the Arteries, &c.* Lancet, Jan. 7th, 14th, 28th, March 17th, June 2nd, Nov. 17th, Parts i, ii, iii, iv, v, vi.

Dickinson, W. H.—*Case of Aneurism of the Aorta, which burst externally.* Med. T. and Gaz., April 21st.

Cordes.—*Dermic Cyst in the Anterior Mediastinum.* Virch. Arch. xvi. 3 and 4, Schmidt's Jahrb., Vol. 106, p. 25.

Vinke.—*On Penghawar Djambi, a new Hæmostatic.* Med. Ztg. Russl. 42, 43, 1859, Schmidt's Jahrb., Vol. 106, p. 31.

Dreyer and Kostlin.—*Development of Air in the Blood the cause of Sudden Death.* Schmidt's Jahrb., Vol. 106, p. 94.

Bond, F. T.—*Observations on Virchow's Theory of Inflammation.* Brit. Med. J., May 5th, 1860.

Mirror.—*Three cases of Emboli in the Cerebral Arteries.* Lancet, May 12th, 1860.

Gerhardt, Traube, Kennedy, Spring.—*On the Physical Examination and Pathology of the Heart.* Arch. f. Phys. Heilk., N. F. ii, 4, 1858, Med. Centr. Ztg. xxviii, 38, 1859, Schmidt's Jahrb., Vol. 106, p. 173.

Baur, W.—*On Simple Cardiac Hypertrophy without valvular defect.* Giessen, 1860, Inaug. diss. Schmidt's Jahrb., Vol. 106, p. 176.

McDowel.—*Case of Aneurism of the Thoracic Aorta simulating Laryngitis, with Clinical Observations.* Dublin Hosp. Gazette, July 16th.

Wedl.—*On the Pathology of the Blood-vessels..* Sitzungsber. d'Acad. 38 Bd. Canst. Jahrb., Vol. ii, p. 34.

Buhl.—*On Thrombosis and Atheroma.* Wien. Med. Wochenschr., No. 34, 1859. Canst. Jahrb., Vol. ii, p. 34.

Fuhrer.—*On some Outlets of the Circulation, on Cellular Pathology.* Archiv. f. Phys. Heilk., 1859, 2, 3. Canst. Jahrb., Vol. ii, p. 50.

Hoppe.—*Vascular, or Cell-irritation; Injection or Attraction Theory?* Berlin Med. Ver. Ztg. 1856, No. 6 and 7. Canst. Jahrb., Vol. ii, p. 50.

Samuel.—*Inflammation from Irritation of Nerves.* Königsb. Med. Jahrb., Vol. i, hft. 3. Canst. Jahrb., Vol. ii, p. 50.

Heine, Jos.—*Heine and Brücke's (views on) Strictures of the Vessels, and the Intravascular Metabolic determining actions of local inflammation with a Thesis on Kölliker's Hypothesis of Erection.* Spires, 1859. Canst. Jahrb., Vol. ii, p. 55.

v. Schleiss.—*The Dynamics of Inflammation.* Bayer arzt. Intell. Bl. No. 22. Canst. Jahrb., Vol. ii, p. 55.

Spring.—*Note on two observations of Dislocation of the Heart.* Bullet. de l'Acad. de Méd. Belgique, No. 10 and 11, 1858-59. Canst. Jahrb., Vol. ii, p. 99.

Mathieu.—*Compression studied from its Physiological and Therapeutical aspects.* Canst. Jahrb., Vol. ii, p. 121.

Vanzetti.—*Essay on the Treatment of Inflammation by digital compression.* (Contains 3 more cases of Phlegmonous Inflammation of the Limbs treated successfully by Compression of the Arteries.) L'Union Méd. 1858, No. 155. Canst. Jahrb., Vol. ii, p. 121.

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Wagner.—*Myocarditis and Endocarditis of the right Auricle; Abscess of the Liver, Splenic Infarcta.* Archiv. für Physiol. Heilk. N. F., Bd. 3, p. 131, 1859. Canst. Jahrb., Vol. iii, p. 229.

Kolisko.—*Insufficiency of the Valves of the Pulmon. Artery.* Zeitschr. d. k. k. Gesell. de Aerzte zu Wien., No. 8, 1859. Canst. Jahrb., Vol. iii, p. 229.

Berthold.—*Remarkable Case of an Aneurism developed from the Right Auricle of the Heart.* Canst. Jahrb., Vol. iii, p. 231.

Wagner.—*Menorrhagia, Morb. Maculos, Fatty Metamorphosis of the Heart's Tissue.* Archiv. für Physiol. Heilk. N. F., 3 Bd. 1859, p. 415. Canst. Jahrb., Vol. iii, p. 233.

Flugel.—*Laceration of the Heart (torn off?) from Pressure on the Chest.* Aerzt. Intell. Blatt, No. 26, 1859. Canst. Jahrb. Vol. iii, p. 233.

J. S. Balder.—*Case of Total Transposition of the Heart and the other Viscera.* Gaz. Med. Ital. Stati Sardi, No. 15, 1859. Canst. Jahrb., Vol. iii, p. 234.

Charcot.—*Note on Intermittent Lameness observed in a Case of Complete*

Obliteration of one of the common Iliac Arteries. Gaz. Méd. de Paris, No. 19, 1859. Canst. Jahrb., Vol. iii, p. 235.

MERCIER.—*On Emboli of the Arteries.* Paris, 1859. Canst. Jahrb., Vol. iii, p. 236.

DIENSTL.—*Bronchial Dilatation, Thrombosis of the ascending V. Cava; Emboli in both Pulmon. Arteries; Pneumonia of the left lower lobe; and Pulmonary Gangrene.* Œsterrh. Zeitschr. f. prakt. Heilkunde, No. 5, 1859. Canst. Jahrb., Vol. iii, p. 237.

DUMONT-PALLIER.—*Pulmonary Venous Embolia producing Gangrene of one lobe of the Lung.* Gaz. des Hôpit., No. 24, 1859. Canst. Jahrb., Vol. iii, p. 237.

DEMARQUAY.—*Intra-orbital Aneurisms.* Gaz. Hebdom., No. 38, 40, 1859. Canst. Jahrb., Vol. iii, p. 241.

OPPOLZER.—*Aneurism of the Ascending Aorta.* (*Instructive Clinical Lecture.*) Clinique Europ., No. 4, 5. Canst. Jahrb., Vol. iii, p. 241.

PITHA.—*Inflammation of the Cranial Sinuses.* Œsterrh. Zeitsch. f. prakt. Heilk., V. 1, 1859. Canst. Jahrb., Vol. iii, p. 248.

MALAGO.—*Annali Universali di Medicina, Milan, Dec.* 1858. Report on 35 cases of varicose veins, cured in a short time by simple Acupuncture, without any unpleasant accident.

COHN.—*On Diseases of the Bronchial Glands.* Gunsburg's Zeitschr., x, 5 and 6, Hft. 1859, p. 376. Canst. Jahrb., Vol. iii, p. 253.

DAVIES.—*Valvular Rupture of a Dilated Aorta; Hæmorrhage into the Pericardium: Death.* Lancet, Dec. 15th.

PAGE.—*Aneurism of the Aorta; General Disease and Fatty Degeneration of the Heart.* Lancet, Dec. 15th.

O. REES.—*Obliteration of the Super V. Cava; Inflammation of the Right Auricle, with Atheromatous Deposits; Death.* Lancet, Dec. 15th.

BARKER.—*Case of Imperforate Arch of the Aorta, in which the Root of the Aorta was Ruptured.* Med.-Chir. Trans., 1860, p. 131.

CURSHAM.—*Cases of Obstruction of the Veins of the lower extremities, causing œdema of the corresponding Limb, and occurring in Phthisical Patients.* Med.-Chir. Trans., 1860, p. 377.

FINGER.—*On the development of Gas in the Blood, and Septicæmia, with Clinical Observations bearing on the subject.* Oesterr. Zeitschr. f. prakt. Heilk. vi, 10, 11, 1860. Schmidt's Jahbr., Vol. 108, p. 314.

HUDSON.—*Two Cases of Aneurism of the Thoracic Aorta.* Dublin Hosp. Gaz., Dec. 16th.

DUVAL.—*On Primary Acute Endocarditis.* L'Echo Méd. Suisse. Ann. par Jamain, 1860, p. 39.

BONDET.—*Case of Contraction of the Pulmonary Artery.* Gaz. Méd. de Lyon. Ann. par Jamain, 1860, p. 80.

DA COSTA.—*Tubercular dis. of the Walls of the Heart.* Amer. Q. J. of Med. Sc., Oct. 1860, p. 412.

MEIGS.—*Transposition of the Arteries; Case.* Amer. Q. J. of Med. Sc., p. 415.

FLINT.—*Clinical Lecture on Anæmia.* Amer. Med. T., Sept. 15th, 1860.

CIRCULATORY SYSTEM.

BOUILLAUD.—*On the use of Pot. Iod. in Aneurisms.* Brit. and For. Med.-Ch. Rev., Jan. 1860. L'Union Méd., March 8th, 1859.

Bouillaud advises the use of iodide of potassium in the treatment of aneurisms. A female with an aneurism of the carotid, took for some days 15 grains, and afterwards for two months 30 grains daily. At the end of this period the tumour might be considered to have disappeared completely.

KLOB.—*On the position of the Heart in Emphysema of the Lungs.* Brit. and For. Med.-Ch. Rev., Jan., 1860. Zeitschr. d. k. k. Gesell. d. Aerzte Zu Wien, No. 5, 1859.

Klob states on account of the rigor mortis of the diaphragm disappearing early while intestinal distension takes place, the heart is pushed upwards and to the left, so that the apex is pushed upwards from 1½—2 inches. From this he is disposed to question the evidence afforded by autopsies, that emphysema induces a horizontal position of the heart.

J. PARROT.—*Inquiry into Sweating of Blood and Neuropathic Hæmorrhages.* Brit. and For. Med.-Ch. Rev., Jan., 1860. Gaz. Hebdom., Nos. 40, 41, 43.

J. Parrot details accurately an interesting case of hæmorrhagic flow from the cutaneous surface occurring in the person of a married lady. The hæmorrhage was commonly due to mental emotion, and was associated with a temporary loss of motor and sensory power, and occasionally with epileptic fits. The disorder first appeared at æt. 9, the catamenia at æt. 11.

RICHARDSON.—*Lectures on Fibrinous Deposition in the Heart.* Brit. Med. J., Jan. 14, 21, 28; Feb. 11.

In a series of lectures on fibrinous deposition in the heart, Richardson first examines the various forms of concretion, and the modes by which they are produced. He notices (*a*) the common form of concretion in which the fibrine lies on the superior surface of a red coagulum; (*b*) when it forms a firm, white, striated mass, filling a cavity or tube, or even distending it; (*c*) in another form of deposition the surface is grooved more or less deeply, by a curved or spiral channel which has resulted from a stream of moving blood; (*d*) in another form the concretion is tubular, and contains a column of red blood in its interior; (*e*) occasionally fibrine is deposited as a kind of lining to the endocardial surface. These forms of concretion may adhere to the walls of the containing cavity either by mechanical or organic adhesions, the latter including vessels. The colour of a fibrinous mass depends entirely on the amount of hæmatine contained in it. Its consistence varies from that of a soft, gelatinous mass loaded with fluid, to that of a firm, tough substance as dense as boiled white of egg. Again, a fibrinous deposit may be soft and creamy in its interior and firm externally. The softer kinds of fibrine belong to asthenic states of system. In structure these deposits are more or less plainly laminated. Microscopic examination shows a closely woven fibrillar network, entangling colourless cells exactly similar to the white corpuscles of the blood; in one case of an organized concretion, Dr. Richardson found an areolar web, rich in white cells and abundantly traversed by vessels. The weight of specimens of fibrine before and after drying affords data for ascertaining the amount of this substance actually present. Some deposits contain as much as 30 per cent., some as little as 3. The former are of course the firmer and denser. The order of construction of a concretion is next traced, and it is shown how it commences first in some point favorable to the deposit of fibrine, as the auricula of the auricle, the sub-infundibular portion of the ventricle, and then enlarges by successive additions from the passing current of blood. Dr. Richardson next considers the question of the formation of concretions *ante* or *post*-mortem, and sums up his observations as follows:—"The proof of a post-mortem concretion is its position—*on the upper surface of a red coagulum.* The proofs of an ante-mortem clot are (*a*) the fact of its filling a cavity; (*b*) the fact of its being grooved externally by a blood-current, or bored by a current through its centre; (*c*) its being firmly adherent to the heart either by mechanical or organical tie; (*d*) its structure being laminated, or containing in its centre broken-up fibrine; (*e*) the fact of its being deeply indented by surrounding structures." Moreover a larger amount of fibrine is not uncommonly found in a cavity than the quantity of blood it could contain would possibly yield. And again large concretions have been removed from the hearts of animals while they were still acting. The demonstration, therefore, is complete, that fibrinous deposition may occur during life. In Section II, Dr. Richardson points out the conditions of disease in which deposition of fibrine occurs in the heart. One of these is present in cases of scurvy and purpura, a second in cases of great loss of watery fluid from the system, a third in cases where the blood-current has for a long time been very languid and sluggish, and a fourth in cases of hyperinosis, in which there is a marked increase of fibrine. This hyperinosis is most usually posterior to local manifestations of disease, but occasionally is anterior, and constitutes of itself a fatal malady. Of this, Dr. Richardson quotes some remarkable instances from Huxham and Chisholm. In speaking of the symptoms of fibrinous concretions in the heart, Dr. Richardson remarks that, as a rule, they are laid down on the right side, and that consequently the circulation of blood through the lungs is more or less completely arrested. No proper supply of arterial blood can be sent from the left side of the heart, the body gradually becomes cold and of livid paleness, the mind wanders, the muscles twitch restlessly, while a peculiar dyspnœa continues to the last, even after the heart's pulsations have stopped. In this dyspnœa the respiratory acts are rapid and deep; the respiratory murmur is clear, the alæ of the nose work while at the same time emphysema of the lungs, and in children dilatation of the chestwall, is not unfrequent. The symptoms may come on with very varying degrees of rapidity. It sometimes happens that symptoms of very serious local inflammation are delusively relieved by fibrinous deposition taking place, but are replaced by the symptoms of concretion themselves in all their dangerous significance. The relief to the local symptoms is produced by the fibrinous deposit obstructing the free flow of blood. The active local mischief and the general inflammatory fever are thereby subdued. The signs of concretion may come with more or less acuteness and severity. Two instances are given, the latter of which shows that the obstruction to the circulation may be such as to induce general œdema. Concretion may take place with very slight or obscure signs of local inflammation. Of these, two cases are given. When the concretion is on the left side there is suffocative dyspnœa, with expectoration of mucus, sometimes blood-tinged; the surface of the body is of a leaden colour, and cold. There are powerful convulsions, and dissolution is preceded by coma. The action of the heart is violent, irregular, and tumultuous. The lungs are never emphysematous, but always much congested. If their is coincident fibrinous deposition on both sides the signs are generally those of the right. Should, however, both ventricular or arterial valves become obstructed, the corresponding sound may be entirely absent. In Section III, several illustrative cases are related of fibrinous concretion occurring in the pregnant and puerperal condition, and in other states, such as after profuse diarrhœa, after a severe shock, in low fever, in some forms of poisoning, and in Bright's disease. In certain cases, concretion produced in the heart does not prove at once fatal, but gives rise occasionally to symptoms of most distressing character, but which vary greatly in different cases. In cases of croup, Dr. Richardson warns that dyspnœa and death may ensue from concretion on the right side of the heart, as well as from obstruction of the air passages. In the former case of course tracheotomy is of no avail. The same he thinks is true of diphtheria. In hyperinosis, the remedies which seem likely to be most effectual to prevent deposition of fibrine are antimony, salines, and narcotics, especially chloroform. If there be reason to suspect that deposition is actually taking place all depletion must be abandoned, and liquid ammonia given in frequently repeated doses until it is manifestly exhaled in the patient's breath. There seems no reasonable hope of procuring solution of existing deposit by the administration of alkalies, or by the injection of alkaline solution into the veins. Possibly in extreme cases a concretion might be drawn up out of the right auricle by a hooked needle passed through the coats of the external jugular vein.

Case of fatal Rheumatic Pericarditis occurring in a child under æt. 2 years during an attack of Varicella. Lancet, Jan. 28th.

Case of Ulceration into the Trachea and innominate artery proving fatal by hæmorrhage. The ulceration had taken place in a mass of scirrhous disease. Lancet, Jan. 28th.

Case of Rupture of the Heart. Lancet, Jan. 28th.

MARKHAM.—*On the Treatment and Prognosis of Pericarditis.* Brit. Med. J., Feb. 4th.

Markham discusses the question of paracentesis pericardii, and thinks the operation may be recommended in cases of very considerable accumulation of fluid inducing apnœa by pressure, or causing great cerebral disturbance.

GAIRDNER.—*On Pericarditis.* Edin. Med. J., Feb., 1860.

Gairdner sums up his paper with the following conclusions: (1) That general and severe pericarditis commonly ends in adhesion. (2) That local exudation from mild pericarditis, and from the slighter forms of disease of the pericardium, may end in the production of local lymph-patches, or in local adhesions of greater or less extent. (3) That pericarditis, ending in *considerable* adhesion, occurs at one period or other of life, in from 2 to 3 per cent. of the patients that die in the Edinburgh Hospital. (4) That *less considerable* adhesions (not clinically important) occur in about 5 per cent. more (making altogether adhesions present in about 8 per cent. of the hospital population that die from all causes). (5) That lymph-patches, or mere threads of adhesion at the extreme base occur in not less than *a third* of all the fatal cases in the Edinburgh Hospital. (6) That acute pericarditis, in actual progress, occurs in about 6 per cent. of the fatal cases; but that in very many of these cases it is slight, and in almost all of them subordinate to other grave constitutional or local diseases; so that primary and uncomplicated fatal pericarditis is a disease of exceeding small mortality. (7) That the healing or repair of pericarditis by adhesion, or lymph-patches, must be regarded as a greatly more frequent event than its fatal issue; and that the formation of lymph-patches, as the result of slight and local irritation, is one of the commonest of morbid affections.

SIEVEKING.—*Diagnostic value of Murmur in the Pulmonary Artery.* Lancet, Feb. 11th, 1860.

Sieveking dwells on the importance of murmurs produced in the pulmonary artery in relation to the early stage of phthisis. He adds a caution as to the necessity for distinguishing such murmurs from those produced in the subclavian of the left side. He relates at length a case of cancerous deposit in the bronchial glands of the left lung, with previous tubercular disease producing cavities and induration. In this case there was a persistent pulmonary murmur, which no doubt was produced by pressure on the artery from the cancerous mass behind and indurated lung in front. He refers to two other cases of tuberculosis pulmonum in which the same murmur existed.

MILROY.—*Case of Pyæmia with Typhus Fever.* Edin. Med. J., March, 1860.

Milroy records a case of low typhus fever with pneumonic complication, followed by swelling of the joints. At the post-mortem examination the right lung was found consolidated, and partly broken up and infiltrated with pus; the left lower lobe was hepatized. Within and around most of the articulations there were notable purulent deposits. The veins were healthy.

PEACOCK.—*On Contraction and Obliteration of the Aorta.* Brit. and For. Med.-Ch. Rev., April, 1860.

Peacock records from various authors a series of 40 cases, on which he makes the following remarks (abstracted). The especial seat of the contraction is at or near the point of junction of the duct.-arterios. and the aorta. In 10 instances the canal of the vessel was entirely obliterated, while in 30 the obstruction was incomplete. The constriction was owing to contraction and thickening of the internal tunics, or to formation of a more or less complete septum. Above the stricture the arch of the aorta was most generally dilated and the coats thickened, atheromatous, or osseous. Below the seat of stricture the vessel generally quickly dilated. A communication was maintained between the upper and lower portion of the aorta by means of the following anastomoses: (1) That of the posterior scapular branch of the transversalis colli, derived from the thyroid axis with the posterior branches of the aortic intercostal arteries. (2) That of the superior intercostal artery of the subclavian with the aortic intercostals. (3) Those of the branches of the internal mammary with the intercostals, and the ascending epigastric. The heart in consequence of the backward pressure upon it, becomes dilated and hypertrophied. The valves and the endocardium were diseased in more than one fourth of the cases. The age of the patients varies from that of 22 days to 92 years, but the largest proportion of persons were middle-aged. Males are much more frequently affected than females, in the proportion of 73·7 per cent. Peacock divides the cases into 4 groups, with respect to their symptoms and history. 1st. Those in which the defect was only discovered or noticed after death. 2nd. Those in which the defect was detected accidentally, the patients being under treatment for some other disease. 3rd. Those in which, after a long period of good health and active exertion, symptoms of cardiac asthma and dropsy gradually appeared. 4th. Those in which the patients had been always delicate, with signs of feeble circulation. In 11 cases the patients died of diseases but little connected with the aortic defect. In 8 or 9 death occurred suddenly and was directly traceable to the condition of the aorta. In 16 out of 36 cases in which the cause of death is clearly stated, the patients sank with the ordinary symptoms of cardiac asthma and dropsy, complicated by pneumonia, pleurisy, &c. Peacock adopts the view of Regnaud, that the defect originates in the faulty development of the portions of the bronchial arches which form the continuation of the aorta from the origin of the left subclavian to beyond the insertion of the duct.-arterios. That the defect is one of faulty development is probable from its being frequently associated with other congenital defects. With respect to diagnosis, in cases presenting signs indicative of the special character of the defect, Peacock enumerates the following guides: 1st. The dilated condition of the anastomosing arteries that have been mentioned. 2nd. The presence of a harsh murmur following the impulse of the heart, heard in and around the præcordial region. This is not constant. 3rd. The contrast between the feeble pulsation of the arteries of the lower and those of the upper parts of the body. 4th. The absence of any sign of pressure exercised by aneurismal or other tumours.

BRAMWELL.—*Some Remarks on a certain unusual form of Arterial Obstruction.* Edin. Med. J., May, 1860.

Bramwell records a well-marked case of embolism of both femoral arteries in succession, within one week. The symptoms were a sudden stroke of pain; cadaveric coldness of the foot, with diminished temperature up to the middle third of the thigh; the femoral artery pulsating strongly under Poupart's ligament; the pulse in the leg gone. Death occurred suddenly two days after the last attack.

Reid, J. S.—"*Respiratory Distress" found associated with another organic lesion of the Heart besides fatty Degeneration.* Dublin Hosp. Gaz., May 1st, 1860.

In Reid's case of respiratory distress the heart was considerably dilated and hypertrophied, the aortic valves insufficient, the coronary arteries affected with calcareous and atheromatous deposit; but the muscular tissue was quite healthy. There was copious effusion into both pleuræ; the liver was healthy; the left kidney small, but healthy; the right, large and contained fatty deposit.

Thudichum.—*On Intravasation, Embolia, and Cytostasis as causes of Cerebral and other Paralysis.* Brit. Med. J., May 5th, 1860.

Thudichum, after a brief notice of Virchow's views, defines the term *intravasation* as including "the entrance into the current of blood of matters formed without the blood-vessels, or in the substance of their walls, such as air or the contents of abscesses adjoining the vessel, the gritty matter of true atheroma, the calcareous plates and the detritus of the tissue of degenerated arteries, or the pus from the circumscribed abscess occupying the wall, but leaving unaffected the lumen of larger blood-vessels, such as a vein in true phlebitis." By *cytostasis* he designates the temporary or permanent arrest in capillaries or small arteries of blood corpuscles, white and red, due to a peculiar glutinous condition of the blood, by which these bodies are enabled to adhere to each other with such tenacity as to form an effective bar to the arterial current." Six cases are related in illustration of the three conditions.

Gibb.—*On the Atheromatous Expression.* Lancet, May 12th, 1860.

Gibb thus describes the atheromatous expression:—"There will be noticed a peculiar greasy appearance of the face, especially about the prominent part of the cheeks and end of the nose." The lips are full, the alæ of the nostrils smooth and rounded. The chin is often double. The skin of the face may be reddish or pinkish; the injected vessels sometimes forming irregular streaks or stellæ. The eyes are very bright, occasionally watery, with a fatty lustre, and sometimes prominent. A well-marked arcus senilis may be present. The general complexion is heightened, and there is an aspect of ease and content. In the calcareo-atheromatous expression the general features of the face are the same, but there is a whiteness or pallor. A bluish white annulus surrounds the cornea.

Beckmann.—*Case of Melanœmia.* Virch. Arch., xvi, 1859 Schmidt's Jahrb., Vol. 106, p. 296.

Beckmann's patient had suffered for the best part of a year with ague, and died with the symptoms of a cerebral complication. There were some patches of pneumonia, a cysticercus in the heart, and several in the brain; the dura mater was of a golden yellow colour. The liver was greatly enlarged, the spleen not materially. The blood of the splenic vein and that of the heart had an acid reaction and contained a good many pigment-holding cells. The splenic cells were frequently loaded with pigment and grouped together in masses. In the liver also there were abundant pigmentary deposits, the granules of pigment being chiefly contained in fusiform or branched cells. The hepatic cells were enlarged, contained brown yellow, but not black pigment. The small vessels of the brain were filled with pigment (not in cells), and there was some also but less in the vessels of the lungs, heart, intestines, and kidneys.

Roser.—*On Pyæmia.* Arch. d. Heilk., i, 3, 1860. Schmidt's Jahrb., Vol. 106, p. 297.

Roser considers that there is a *primary* form of Pyæmia depending on the introduction of a specific poison into the system, like that of scarlatina, &c. He thinks that there is also a *secondary*, in which the system becomes infected from a poison formed in some individual organ of the patient's own body. He makes some remarks on attacks of febricula, erysipelas, and diarrhœa, which he believes to be milder manifestations of the same pyæmic disease. Febricula is often observed in lying-in hospitals during the presence of pyæmia. With regard to erysipelas he holds to the English view, that it is often a first effect of the pyæmic infection. Pyæmic diarrhœa may co-exist with other pyæmic manifestations, or precede them, or exist alone.

Shearer.—*Case of Leucocythemia.* Edin. Med. J., July, p. 48.

Shearer, in commenting on his case of leucocythemia, expresses the opinion that the white corpuscles are not derived from the red discs, but are formed independently in the blood. He has observed the white corpuscles to be increased in various diseases, all attended with depreciation of the appetite, and emaciation.

Stokes and O'Ferrall.—*Case of obscure Aneurism of the Aorta.* Dublin Hosp. Gaz., July 2nd.

In this case a correct diagnosis was formed—1st, from the lancinating pains shooting from the mammary region towards the axilla; and 2nd, from the peculiar hard and ringing cough. During life there was no dysphagia (although the tumour was reflected and bent over the œsophagus), no laryngeal stridor, no pulsation, no inequality of the radial pulses. The aneurism was one of the transverse portion of the aorta, and the sac had opened by two perforations into the left bronchial tube, against which, during life, it must have pressed severely.

Eisenmann.—*On Chloroanæmia.* Med. T. and Gaz., July 14th. Bull. de Thérap. t. 57, p. 250.

Eisenmann regards chloroanæmia as primarily a nervous affection, and advises the administration of St. Ignatius bean, in powder, combined with iron and rhubarb.

Kuhner.—*On the influence of Valvular Disease of the Heart in promoting Diuresis.* Brit. and For. Med.-Ch. Rev., July, p. 259. Arch. f. phys. Heilk., 4, 1859.

Kühner, from the analysis of a series of cases of valvular disease, does not confirm Goll's experiments, which demonstrated the important influence exerted by the hæmostatic pressure upon the secretion of urine.

McDowel.—*On an unusual cause of death in Thoracic Aneurism.* Dublin Hosp. Gaz., Aug. 15th.

In McDowel's case there was neither abnormal impulse, nor abnormal sound, but orthopnœa and severe dyspnœa, with stridor in respiration apparently laryngeal. The symptoms had come on suddenly. The diagnosis of aneurismal tumour was grounded on the greater feebleness of the right pulse, the presence of dull percussion over the upper bone of the sternum, and feebleness of respiratory murmur in the right lung. At the post-mortem examination an aneurism of the arch of the aorta was found pressing on the trachea, narrowing especially its right side.

Thompson.—*Remarks on the Causes, Diagnosis, and Treatment of Arteritis.* Dublin Q. J. of Med. Sc., Aug., 1860.

Thompson relates 3 cases of arteritis, one of which, occurring in the lower lip, proved fatal; another required amputation of the arm to save life, and a third recovered after almost spontaneous detachment of the right great toe. He proceeds to describe the chief pathological changes that occur in the arteries; the causes and changes that take place in arteritis; the symptoms, diagnosis, prognosis, and treatment. He considers *diffuse* arteritis as identical with diffuse erysipelatoid inflammation. *Adhesive* arteritis induces obstruction of the vessel and gangrene. The symptoms, if a main artery be affected, are pyrexia, heat, soreness, and tension along the track of the vessel, numbness and pricking pain in the distal parts of the limb, which, after a time, becomes pulseless, cold, dark coloured, and œdematous. Deep-seated pain radiates in all directions through the limb, and the cutaneous sensibility becomes extreme and continues so until the complete death of the part. In general arteritis the fever is inflammatory at first, but rapidly becomes typhoid. The patient is sleepless, and tosses about with an uncontrollable feeling of distress. In local arteritis, he recommends leeching, fomentations, or ice, calomel and opium, with effervescing salines. In diffuse, chlorate of potash, camphor, turpentine, quinine, acids, iron, and stimulants with nourishment.

Coote.—*Remarks on a Case of Piarrhæmia accompanying acute Diabetes Mellitus.* Lancet, Sept. 8th, 15th.

Coote collected blood from the cerebral sinuses, the V. innomin. and right ventricle, the hepatic veins, and from the splenic. The blood was fluid in every part of the body examined except a very small clot in the right ventricle. After rest, a supernatant creamy fluid was found in all except that from the splenic vein. This creamy matter was wholly taken up by ether; it contained no oil globules, no cells, and showed no trace of coagulated fibrine. The subjacent liquid was like ordinary venous blood. The reaction of the serum was neutral. A volatile alkali was driven off by heat; this was most distinct in the splenic blood. From a prolonged examination of the various cases recorded, he states the following results. (1) Milkiness of serum (or blood) is due to presence of free fat, or of free fat with albumen in a molecular form. It is probably never due to molecular albumen *alone.* (2) It is a *physiological* result of digestion, pregnancy, lactation, and hybernation. (3) It is an occasional pathological result of chronic alcoholism, diabetes mellitus, pulmonary disease, albuminuria, and perhaps some other disorders. (4) Lactescence of serum from free fat alone appears especially to accompany alcoholism and diabetes mellitus. The conditions favouring the presence of molecular albumen are still very obscure; they appear related in some way to albuminuria. (5) The serum is sometimes neutral, and sometimes acid in this disease. It may contain no free alkali. (6) The albumen of the blood may be normal, or defective, or in excess. (7) Coagulable fibrin is *sometimes* entirely absent, or nearly so. (8) In the present instance, the source of the fat in the blood was the liver. From a survey of all the facts he has collected, he draws the following conclusions. (1) Piarrhæmia consists in an excess of saponifiable fat in the blood, not in the mere liberation of fat from its combinations. (2) The excess of fat in the blood may be the result of (*a*) the excessive ingestion of fat (as in piarrhæmia during digestion), (*b*) the diminished elimination of the same (as in hybernation and pulmonary diseases). (3) Fat, if directly ingested, may enter the blood with the chyle through the thoracic duct; but, as this case shows, it may also be elaborated in, and absorbed directly from, the liver. (4) Piarrhæmia is not a result of diabetes mellitus, for either may exist without the other. Both seem to be consequences of the same derangement of the functions of the liver which overloads the blood sometimes with an excess of sugar alone, sometimes with an excess of sugar and fat combined. (5) The pathology of blood milky from molecular albumen must be considered as still almost wholly negative.

BOTKIN.—*On the Action of Salts on the circulating Red Corpuscles.* Virchow's Arch., Vol. xv, p. 173. Canst. Jahrb., Vol. ii, p. 55.

Botkin thinks that stasis is produced by various neutral salts in consequence of their destroying the elasticity of the red globules, so that they can no longer make their way through the capillaries.

FINGER.—*On Spontaneous Hæmorrhages.* Oester Ztschr. f. prakt., Heilk. v, 1859. Schmidt's Jahrb., Vol. 107, p. 301.

Finger considers (1) hæmorrhage occurring in anæmic persons; (2) the state termed hæmophilia; (3) spontaneous intestinal hæmorrhage. The immediate cause of the hæmorrhage in the first he believes to be the want of sufficient resisting power in the delicate capillaries. In the second, he assumes an abnormal structure of the capillaries, and an abnormal crasis of the blood, consisting rather in an increase of corpuscles than in any diminution of the solid constituents. Of the third, he can give no account; but the prognosis is unfavorable. It may occur in strong or weakly persons. In the treatment of hæmophilia, he praises the use of sulphur, sulphate of soda, or magnesia, which act by undergoing change into sulphuretted hydrogen, and so diminishing the blood globules by the solvent action of this gas upon them.

Daniell.—*Case of Ectopia Cordis.* Brit. Med. J., Oct. 6th.

In Daniell's case the heart was imperfectly developed, the septa of the auricles and ventricles being imperfect; there was no pericardium. The heart was completely outside the chest in front of the sternum, through which the great vessels passed. The heart continued to act for about 4 hours after the birth of the infant, and gradually ceased. In all other respects the child was perfectly formed.

Förster.—*Case of Stenosis of the Aorta.* Canst. Jahrb., Vol. ii., p. 34. Wurzb. Verh. x, 1.

In Förster's case the canal of the aorta, just below the attachment of the duct Botal., was uniformly constricted by a kind of diaphragm, in the middle of which was a round opening 2¼ lines in diameter. The ascending aorta was dilated, and a rupture of a T shape was found at its concave side. The man, æt. 33, had suffered from his youth with short breath and palpitation, and fell dead while skating.

Förster.—*Case of Purulent Endocarditis of the Mitral Valve.* Atlas d. mikr. path. anat. Taf. 31. Canst. Jahrb., Vol. ii, p. 34.

Förster reports the case of a female, æt. 23, who, after several hours over-exertion in severe cold, was attacked with typhous symptoms, and died in 5 days. Besides the mitral valve disease, recent metastatic infarcta were found in the pia mater and brain, the muscular tissue of the heart, the thyroid, spleen, kidneys, and intestinal mucous membrane.

Wedl.—*On the Pathology of the Blood-vessels.* Canst. Jahrb., Vol. ii, p. 34. Wien. 1859, Sitzungsber. d. Acad., 38 Bd., p. 265.

Wedl has examined the changes occurring in the cerebral vessels during the cicatrization ensuing on apoplexy, and finds (*a*) that the capillaries, arteries, and veins become obliterated by a growth of nuclei in their walls; (*b*) that after a time the nuclei shrivel up and undergo fatty metamorphosis; (*c*) that subsequently the fat becomes absorbed; and (*d*) the vessels are converted into fasciculi of connective tissue.

Fuhrer.—*On some Outlets of the Circulation.* Cellular Pathology. Archiv. f. physiol. Heilk. Jahrg., 1859, Part 2, 3.

Führer strongly opposes Virchow's doctrines of cell-pathology, and endeavours to show that Virchow's connective tissue cells and their processes are only the plasmatic system described by Lessing. This is supposed to communicate on one side with the capillaries, on the other, with the lymphatics. The corpuscles on this view are mere enlargements of the plasmatic vessels. In a second paper, he contends for the production of cells in a blastema, independently of pre-existing cells as the general rule, at least, in the normal state.

Samuel.—*Inflammation produced by Irritation of Nerves.* Königsberg, Med. Jahrb., Vol. i, Part 3, p. 237.

Samuel has experimented on rabbits to determine the effect of nerve-irritation in producing inflammation. By passing an interrupted current through the Casserian ganglion, by means of needles penetrating the cranium, he caused the pupil to contract considerably, or to dilate when the current was very strong. Some conjunctival vessels at the same time became injected; the sensibility of the lids, cornea, and conjunctiva was increased; the lids twitched, and lachrymation took place. In 24 hours after the irritation, inflammation was established, which increased till the 3rd day, and then declined. Ulceration of the cornea occurred, and once a small hypopyon. The iris was congested, but not inflamed. Samuel concludes that inflammation is a disturbance of nutrition produced either by direct irritation of the tissue, or indirectly by irritation of nerves. Increased exudation and absorption of plasma, and activity of cell formation are its essential characters.

BERNER.—*Physiological Experiments on the Motion of the Heart.* Erlangen. Canst. Jahrb., Vol. ii, p. 99.

Berner states that the apex of the heart does not descend in systole. When the organ is left free to move uncovered by its pericardium, it contracts in systole from all sides about a hard point situated nearly in the middle of the long axis of the ventricle. In this case, the base of the ventricle moves downwards, the apex upwards, the margins inwards. If there is but little fluid in the pericardium, all parts of the ventricle draw towards the apex, but this remains fixed itself. If there is much pericardial fluid, or the heart in any way is rendered more moveable, the apex ascends.

SCHAFER.—*On Auscultation of the normal Heart Sounds.* Giessen. Canst. Jahrb., Vol. ii, p. 99.

Schäfer found, in observations on 50 persons, that the first sound of the heart might vary in many ways in its quality without this variation indicating any pathological state. In some cases it was not well defined; in others, unusually dull and prolonged; in a few, it resembled a murmur. In two healthy boys it was so like the 2nd sound in quality, intensity, and duration, that it could only be distinguished by aid of the pause. Reduplication (spaltung) of the heart's 2nd sound was observed 29 times; never at the apex, and rarely at the right of the sternum. It was oftenest heard during expiration and at the end of inspiration. The 2nd sound was heard at the apex as strong as the 1st in as many cases as it was more faint, but at the base the 2nd sound was strongest in 43 cases out of 50.

BEAU.—*On the Therapeutic Value of general Bloodletting in Inflammations.* Clinical Lectures delivered at la Charité. Canst. Jahrb., Vol. ii, p. 120.

Beau discountenances v. s. because he regards inflammation as especially frequent in weakly persons, because it injures the blood by diminishing its globules, and increasing its fibrine, and because the results of statistics show that it is injurious.

IMBERT-GOURBEYRE.—*Memoir on Acute Hypertrophy of the Heart.* Gaz. Méd. de Paris, 50, 51—1858. Canst. Jahrb., Vol. iii, p. 232.

Imbert-Gourbeyre states that acute hypertrophy of the heart is almost exclusively a result of the acute form of M. Br.

FORGET.—*On Aneurism of the Left Heart consecutive to Aneurism of the Right Heart.* L'Union Méd., No. 101, 1859.

Forget observed 2 cases in which (there being no valvular defect) he believes that hypertrophy of the right side was induced by *vis a tergo* hypertrophy of the left.

NICOLIS.—Gazz. Med. Ital., Stati Sardi, No. 6, 1839. Canst. Jahrb., Vol. iii, p. 234.

In a new-born child the heart was observed to be situated in the epigastrium, and through the thin skin the fissure between the ventricles, that between the auricles, and the systolic and diastolic movements of both ventricles and auricles were perceptible.

KLOB.—*Thrombosis of the Duct of Botal.* Zeitschr. d. k. k. Gesellchaft der Aerzte zu Wien, No. 1, 1859. Canst. Jahrb., Vol. iii, p. 236.

RAUCHFUSS.—*Thrombosis of Duct. Arter.* Virch. Archiv., 17 Vol. 1859, p. 376—474. Canst. Jahrb., Vol. iii, p. 236.

Klob and Rauchfuss both record autopsies of infants in whom, along with fibrinous plugs of the duct, there were found similar formations in various arteries, the mesenteric, renal, and pulmonary, or hæmorrhagic infarctions of the lungs.

THÜNGEL.—*Reports from the General Hospital at Hamburg.* Virch. Archiv., 16 Vol. 1859, p. 356. Canst. Jahrb., Vol. iii, p. 236, 247.

Thüngel gives a case of (1) Plugging of the basilar artery with red softening of the cerebellum: (2) Plugging of the basilar artery, red softening of the right crus cerebri and pons varolii: (3) Repeated apoplectic attacks, plugging of the left axillary artery, and stenosis of the bicuspid orifice: (4) Old excrescence of the mitral valve, scarlatina, plugging of the left femoral artery: (5) Inflammation and laceration of the pulmonary valves, emboli in the pulmon. arteries: (6) Thrombosis of the gastro-epiploic artery. He also gives a case of rupture of the aorta; and of the uniting branch of the art. of the corp. callos.

CHARCOT and BALL.—*On sudden Death and speedy Death occurring as the result of obturation of the Pulmon. Artery by coagula of Blood, in Cases of Phlegmas. Alb. Dol. and of obstructive Phlebitis in general.* Gaz. Hebdom. 49, 1858. Canst. Jahrb., Vol. iii, p. 237.

The authors state that of 12 cases of obstruction of the principal divisions of the pulmon. artery consecutive on obstruction of some vein, death ensued suddenly in 2; some minutes after the supervention of the dyspnœa in 2; in 2 also after ¾ hour; in 4 after some hours, and in 2 only after some days. They record one case probably of the same kind where recovery took place.

COHN.—*A rare Case of Aneurism of the ascending Aorta, bearing on the Pathogenesis of hæmorrhagic Infarction.* Gunsburg's Zeitschr. f. klin. Med., N. F. I., Vol. 3 part. 1859. Canst. Jahrb., Vol. iii, p. 241.

The aneurism sprang from the aorta just above the sigmoid valves, occupied the whole right half of the thorax (?), and pressed the heart out of its vertical into a completely horizontal position. It had formed an adhesion with the hilus of the right lower lobe; and at this part, where the arterial coats were most diseased, a second cavity was formed communicating with the aneurism, but having much thinner walls, consisting only of pleura and connective tissue, and almost filled with solid reddish brown coagula. "This formation of a second aneurismal pouch caused (1) dyspnœa and pain on the right lower side by compression of the bronchi, and secondary pleuritis; (2) hæmorrhagic pulmonary infarction by pressure on the pulmonary vein proceeding to the upper and middle lobes; (3) cyanosis and other obstruction phenomena by the sudden production of notable contraction of the right auricle and of the superior cava opening into it."

BECKMANN.—*On Thrombosis of the Renal Veins in Children.* Verhandl. der med. physik. Gesellsch. zu Würzburg, 9 Bd. 1859, p. 201. Canst. Jahrb., Vol. iii, p. 248.

Beckmann states this is no uncommon occurrence in infants dying with profuse diarrhœa and atrophy, he has examined 10 cases carefully. The left renal vein was the one oftenest affected; in a few cases the thrombus extended into and obstructed the inferior cava. The coagula were mostly dark red, and loosely adherent to the walls of the vessels. No blood in the urine, or other symptoms seem to have been observed during life.

J. BAART DE LA FAILLE.—*Case of Phlebothrombosis in a newly delivered Female.* Nederl. Tijdschr., 1859, p. 167. Canst. Jahrb., Vol. iii, p. 248.

Thrombosis of the left saphena v., crural, iliac, and inferior cava: thrombosis of the uterine, and pampiniform plexuses.

VON DUSCH.—*On Thrombosis of the Cerebral Sinuses.* Zeitschr. f. ration. med., 3 Series, vii Vol., 1859, p. 161. Canst. Jahrb., Vol. iii, p. 248.

Von Dusch finds among 57 recorded cases, 32 in which the thrombosis resulted from gangrenous, erysipelatous, or purulent inflammations of parts whose vascular system was in close communication with the sinus; 4 in which it might be regarded as the result of external pressure on the sinus or internal jugular vein; 15 in which it seemed to be induced by influences enfeebling the circulation; and 6 in which no cause could be made out. In 27 cases, caries of the cranial bones was the cause of the affection. Thrombosis resulting from inflammatory action in the vicinity of the sinuses is characterized by its affecting an adjacent, and mostly a symmetrical sinus, by its advanced state of softening, by alterations in the wall of the sinus, and by inflammation of the brain and its membranes, and metastatic processes in other organs.

BUHL.—*On Dilatation of the Pulmonic Capillaries.* Virch. Archiv. xvi Vol. 1859, p. 559. Canst. Jahrb., Vol. iii, p. 252.

In the case of a female dying with mitral disease, Buhl found the lungs in a state of brown pigment-induration. All the capillaries were varicose, or formed loops or tortuosities, and club-like processes. Virchow has seen 3 similar cases.

MASCHKA.—*On Ecchymoses on Internal Organs.* Prager Vierteljahrsschrift, 2 Vol., 1859. Canst. Jahrb., Vol. iii, p. 254.

Maschka states that capillary laceration may be produced by (1) impeded access of air to the lungs during inspiration, in consequence of which more blood rushes into the pulmonary plexuses; (2) violent concussions of the body; (3) local congestions, active or passive; (4) certain poisons, as prussic acid, chloroform.

JENNER.—*On Congestion of the Heart and its local Consequences.* Med.-Chir. Trans., 1860, p. 199.

Jenner directs attention to the effect of congestion of the muscular structure of the heart in producing induration, toughening and thickening of its walls, and to the influence which those textural changes exert on the development of permanent dilatation of the heart. The induration is due to an interstitial exudation of lymph, which appears either in the form of granules, or more or less organized into fibrous tissue. The parietes of the heart thus altered are deficient in their normal contractile power (as shown further by their being affected, more or less, by fatty degeneration) and, therefore, gradually yield to the distending force of the blood which congests the cavities, so that at length permanent and extreme dilatation is produced.

WILLEBRAND.—*On the Action of Secale Cornutum.* Schmidt's Jahrb., Vol. 108, p. 299.

Willebrand ascribes the beneficial effect of secale cornutum to its influence on the arterial coats through the vasomotor nerves, and also believes that it has a local astringent action when directly applied. He has found it useful in dilatation of the heart, in neuralgia from the pressure of distended veins upon nerves, in chronic inflammation and swelling of the uterus, in chronic bronchitis and phthisis, in enlarged spleen, erysipelas, and various eye affections.

RICHARDSON.—*On a Case of Cyanosis.* Med. T. & Gaz., Dec. 22nd.

Richardson's patient was a child, æt. 5, cyanotic from birth, well nourished and plump, and with more than ordinary intellectual faculties. She died of tuberculosis, but the disease presented no febrile symptoms at any time. The heart's sounds and valves were healthy, the foramen ovale widely patent. The blood was of a venous colour in both veins and arteries, and remained fluid for several days, though exposed to the air.

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BIERMER.—*On the presence of abundance of Cholesterine in the Sputa as a sign of an old Empyema having opened into the Bronchi.* Virch. Archiv. xvi, 5, 6, 1859. Schmidt's Jahrb., Vol. 105, p. 304.

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WATSON.—*Cases of Empyema.* Glasgow Med. J., Jan. 1860, p. 480; April, p. 64.

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ryngeal Disease (not tuberculous) by Inhalation. Canst. Jahrb., Vol. iii, p. 268.

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Burton.—*On Latent Pleurisy.* Brit. Med. J., Dec. 29th.

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Fenner.—*Tracheotomy in Croup, 4 cases.* N. Amer. Med.-Chir. Rev., Sept. 1860.

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Meadows.—*On the Admission of Air into Serous Cavities.* Lond. Med. Rev., August; October.

Voss.—*A Historical and Critical Examination of the Operation of Tracheotomy in Croup, with a Report of 14 cases.* N. Amer. Med.-Ch. Rev., May 1860.

Courty.—*Treatment of Asthma by Hypodermic Injection.* Gaz. Medic., Nov. 1859. Edin. Med. J., Jan. 1860.

Courty records a case of asthma which was greatly benefited, indeed temporarily cured, by the injection of atropine in the vicinity of the left vagus nerve. This was done thrice, the quantity used being $\frac{1}{35}$ grain. Much prior treatment had failed.

Peacock.—*On French Millstone Makers' Phthisis.* Brit. and For. Med.-Chir. Rev., Jan. 1860.

Peacock gives an account of disease of the lungs prevalent among the workmen engaged in preparing French millstones. He believes that it is produced by the gritty particles of silex which they inhale while at work. In two autopsies which he details the lungs were found markedly tuberculous with cavities, especially in the first. The symptoms are, in the main, those of chronic bronchitis, or phthisis. Of 23 men who had taken to the trade when they were not above the age of 20, the average age was 24·1 years; and the ages of the 5 oldest were 38, 29, 29, 28, and 28. In contrast with this the author places the report of workers in wire-weaving, &c., engaged in the same establishment. Of 13 who had joined the trade at or before 20 years of age, the mean age was 35·84 years, and 5 of them had attained the ages of 74, 43, 42, 40, and 40. Yet the sanitary circumstances of the latter were in most respects worse than those of the former. Dr. Peacock concludes with some suggestions for the prevention of the disease. He recommends that none who have not attained adult age should engage in the occupation; that the workmen should avoid cold, and all excess in stimulants; that the workshops should be roomy, and that inhalation of the dust should be avoided by respirators and other means.

Durand-Fardel.—*On the Treatment of Phthisis by Mineral Waters.*

Bullét. Gén. de Thérap., June 30, 1859. Brit. and For. Med.-Chir. Rev., Jan. 1860.

Durand-Fardel sanctions the use of mineral waters, especially the sulphurous, in the treatment of phthisis. They are, however, only to be employed when the disease is stationary.

MONNERAT.—*Powder for Chronic Coryza.* Bull. Gén. de Thérap., Oct. 30, 1858. Brit. and For. Med.-Chir. Rev., Jan. 1860.

Monnerat uses powdered subnitrate of bismuth with advantage in acute coryza as a local application. In chronic coryza, Dr. Sabrier adds Iodide of Sulphur. He prescribes 10 or 12 pinches a day of the following formula:—Bismuth Subnitr. ʒi., Pulv. Glycyrrhiz. ʒij., Sulph. Iodid. gr. ivss.

SLOANE.—*On the Treatment of Scalds of the Glottis.* Brit. Med. J., Jan. 14th.

Sloane records 6 cases of scalds of the glottis, on which he makes the following remarks:—It will be observed that the only one which ended fatally was that in which tracheotomy was performed, and the dyspnœa was never so urgent in this case as in Case II, which recovered. According to Mr. Wright, of Nottingham, tracheotomy in scalds of the glottis almost invariably results in death, and the treatment by leeching, calomel, and antimony, is frequently successful. Adding to the record of 14 cases of this kind lately published in the Med. T. and Gaz., 2 others which have come under Dr. Sloane's notice, there is a total of 16 cases of scalds of the glottis in which tracheotomy was resorted to, and of these no fewer than 13 died. The calomel treatment is by 1 grain every hour, with $\frac{1}{12}$—$\frac{1}{16}$ grain of Ant. Pot. Tart.

MAYNE.—*Case of Cirrhosis of One Lung.* Dublin Hosp. Gaz., Feb. 1st, 1860.

Mayne relates a very interesting case of cirrhosis of the left lung consecutive to well-marked tubercular disease of the same. Death ensued from bronchitis about 6 years after he had appeared to be in a state of confirmed phthisis. At the autopsy the left lung was found excessively shrunken, dense, and tough; a large cavity was in its upper part, and throughout its texture there were here and there white, gritty, chalky masses. He appeared to have almost completely recovered from phthisis some months before his death.

BEVAN.—*On Scalds of the Larynx.* Dublin Q. J. of Med. Sc., Feb. 1860.

Dr. Bevan gives 4 cases of scalds of the larynx, in which death appeared to be imminent, but which terminated successfully without tracheotomy under the following treatment:—"An emetic, followed by a cathartic enema, with leeches to the upper margin of the sternum; the bleeding encouraged by warm poultices. The leeches to be repeated every 3rd or 4th hour if the strength permits. In addition calomel is to be given in 2 grain doses every half hour, or hour, and mercurial frictions are to be used." As soon as the mercury produced the green stools, the symptoms in every case were improved,—the lungs were the first organs relieved, the brain next, and the larynx last of all. In one case 56 grains of calomel were taken. No bad effect resulted from the mercury in any of the cases. From tracheotomy Dr. Bevan does not think much is to be hoped.

Spence.—*Cases of Tracheotomy in Croup.* Edin. Med. J., Feb. 1860.

Spence records 8 cases of croup in which tracheotomy was performed when the patients were *in extremis.* Of these 3 recovered, and in all life seems to have been prolonged. He does not sanction early performance of the operation, but would not have it delayed after other means have had a fair trial without avail. In the after-treatment he advocates ipecacuan emetics to the exclusion of antimony to oppose bronchial effusion, with blisters occasionally to the chest. In many it is necessary to give beef-tea and wine from the first.

Parkes.—*Case of Acute Sthenic Pneumonia left without treatment; observations on the Temperature of the Body, and on the Urinary Excretion.* Med. T. and Gaz., Feb. 25, 1860.

Parkes records a case of acute sthenic pneumonia left without treatment, except the application of a few leeches. A table is given of the temperature, pulse, and respirations taken hourly during 6 days till the termination of the pyrexia, and of the amount of urine, its urea and chloride of sodium contents during the period of defervescence, and during complete convalescence. It appeared clearly that there was some connexion between the variations of the pulse and temperature. The urea excretion was more than doubled during resolution of the lung. Two drachms of chloride of sodium, given as an experiment, did not appear in the urine for more than 48 hours. Dr. Parkes discusses finally the two principal views which are held relative to the local inflammation and the general pyrexia, and the cause of the sudden subsidence of the latter, at a period when the lung disease is at its height. The first of these regards the basis-malady as a blood disease, consisting partly at least in increase of fibrine, and considers that by transudation of the morbid material into the air-cells the blood is purified. In the second the lung disease is the primary affection, and the hyperinosis of the blood a secondary. From the fact that the liver is often affected in pneumonia, Dr. Parkes suggests that some morbid condition of that organ may supply some irritant to the blood.

Richardson.—*On an Auscultatory Sound produced by the Action of the Heart on a portion of Lung.* Med. T. and Gaz., Feb. 25, 1860.

Richardson says the character of the sound is superficial: a coarse crackling, heard especially at the acmè of inspiration, and towards the close of expiration feeble or lost altogether. In two autopsies of patients who had presented this sound, he found a portion of inflated lung overlapping the surface of the heart, and fixed by adhesions to the pericardium or to it and the sternum also. He believes the sound to be produced by the impulse of the heart upon this fixed portion of lung.

W. T. Gairdner.—*Five Years' Hospital Experience of Pneumonia.* Edin. Med. J., March, 1860.

Gairdner gives details of 11 fatal cases of pneumonia, of which 1 only was uncomplicated, and even this occurred in a man of excessively intemperate habits, and the disease had advanced to destructive suppuration before treatment was commenced. These fatal cases correspond to from 60 to 100 cases of pneumonia, or disease verging upon it, which Gairdner has had under his care in 5 years. He has employed no special treatment, but carefully adapted his remedies to the requirements of each case. He states his opinion that, during the last 12 or 13 years, "a very great diminution has taken place in the intensity as well as the frequency of inflammations generally, and believes that sanitary reform has great power in preventing the acute inflammations, as well as the epidemic fevers."

Quain, R.—*On the Use of the Hypophosphites of Soda and Lime in the Treatment of Phthisis.* Lancet, March 17.

Quain has given a full trial to the hypophosphites of lime and soda recommended by Churchill, but finds them quite inefficacious. Of 22 individuals labouring under phthisis in various stages, 16 derived no benefit whatever from the hypophosphite treatment; in 3 the benefit was very slight and temporary; in 2 the improvement, though marked, was temporary; and in 1 it has been satisfactory and permanent. Quain thinks that any improvement effected was owing to the rest, good food and nursing of the hospital, and to this only. Of 22 cases treated in the ordinary way, 16 were, more or less, permanently or materially benefited.

Bloodgood.—*Observations on Bronchial Respiration.* Amer. J. of Med. Sc., Jan. 1860.

Bloodgood dissents from the opinions usually held as to the production of bronchial respiration; because he thinks that, if the sound were merely that generated by the passage of the air to and fro in the bronchi conducted to the ear by the solid lung, it could not be obscured by the normal vesicular respiration of health. His own view is as follows:—"When a portion of lung becomes hepatized, the bronchus that supplied it no longer transmits air to the vesicles below, and can therefore no longer produce the sound of transmission, great or small; but as the tube itself remains open by reason of the elasticity of its walls, *the air coming from above having no room to enter except by expelling an equal quantity from it, plays around its mouth in passing downwards, and causes the air within to vibrate like the instrument known as the Pandean pipe,* and thus produces the tubular sound which will be high or low, loud or weak, according to the calibre and depth of the pervious portion of the tube, and the force of the respiratory act, which latter will be greater when the upper and middle lobes are affected than when the disease is confined to the lower portions, on account of the greater velocity of the air in those parts. When the tube itself becomes filled with solid or liquid matter, or closed by external pressure, this sound will cease."

BARTHEZ.—*On the Comparative Results of the Treatment of Croup by Tracheotomy, and by Medication during the Years* 1854-1858. Gaz. Hebdom., Dec. 2nd, 1859. Brit. and For Med.-Ch. Rev., April.

Barthez distinguishes between simple or local croup or diphtheria, and general or infectious. He recommends tracheotomy whenever asphyxia is threatening, or internal remedies have failed. In 1856 there were only 4 recoveries among 18 cases, 3 of those who recovered having been tracheotomised. In 1857, of 33 cases, 9 were cured, 7 without operation. In 1858, 124 were operated on with a mortality of 106; 62 were not operated on with a mortality of 26. Barthez concludes from all his facts that it is not the treatment which determines the results, but the varying forms of the epidemic.

BROWN, F. J.—*The Diagnosis of Phthisis by the Microscope.* Brit. Med. J., April 21st.

Brown details at some length the views of Dr. Andrew Clark relative to the deposition, seat, elimination, and detection of pulmonary tubercle.

CONWAY EVANS.—*On Tracheotomy in Croup.* Edin. Med. J., Jan. and May, 1860.

Conway Evans reviews the various objections which have been made against the performance of tracheotomy in cases of croup. The *first*, that it is unnecessary, because the opening of the larynx is never so occluded by false membrane as to prevent the access of sufficient air, he meets by the remark that life has been saved over and over again by the operation, the relief afforded being instantaneous. The *second* objection is that tracheotomy is useless whenever the false membrane extends below the point at which the trachea is opened. To this he replies, that unless it can be shown that the operation, properly performed, increases the mortality of the disease, our inability to diagnose with certainty the precise limits of the false membrane is no solid argument against its performance. To the *third* objection that tracheotomy increases the risk of supervening bronchitis and pneumonia, it is answered that this admitted danger may be very much obviated by more than ordinary care in the after-treatment. To the *fourth* objection, drawn from the frequent insuccess of the operation, the results obtained in France are opposed where tracheotomy has been resorted to in cases of croup on an extensive scale, and where the mortality has only amounted to 68 per cent. To the *fifth* objection, of the danger and difficulty of the operation, the author answers, that the difficulty must be met by increased skill, and that Trousseau's records of 96 cases of its performance for the removal of foreign bodies, show 73 recoveries. A number of cases are next related, chiefly of adults, in which tracheotomy was of most essential importance, either saving or greatly prolonging life. None of these were cases of croup. The author assigns the following reasons for the frequent insuccess of tracheotomy when performed for the relief of croup. 1st. It has been employed almost always as a last resource, death by suffocation being imminent. 2nd. The previous treatment has been almost always of a depressing kind 3rd. In most cases the after-treatment has not been directed to support the strength, nor have means been adopted to ward off the supervention of pneumonia or bronchitis. Dr. Evans advocates the frequent administration of brandy and beef-tea after tracheotomy, believing that death by asthenia is the real tendency of croup apart from its suffocative effects. With respect to the circumstance lately dwelt upon by Dr. Richardson, of the formation of fibrinous concretions in the right side of the heart, and consequent fatal syncope, in some cases of croup, the author dissents from Dr. Richardson as to the formation of these coagula depending solely on an increase of the fibrine in the blood, and rather refers it to a retardation of the blood-current in consequence of the less free transmission of blood through the lungs. The suspicion, therefore, that a coagulum was in process of formation in the right cavities of the heart would be no argument against the performance of tracheotomy, but the reverse. Among the various circumstances which militate against the success of an operation, Dr. Evans mentions the age of the patient, very few recovering who were under 2 years of age, while nearly half were saved between the ages of 6 and 12. Some practical hints are added relative to the details of the operation itself.

DUNCAN, J.—*On Paralysis of the Bronchial Muscles.* Dublin Q. J. of Med. Sc., May, 1860.

Duncan believes that long-continued inflammatory action may destroy the contractibility of the bronchial muscular fibres, and records a case where the expiratory act was three times as long as the inspiratory, a sign which he considers distinctive of bronchial paralysis. In the cases in question after other means had failed, including electricity, extract of nux vomica had the best effect.

THORBURN.—*Cases of Idiopathic Pneumothorax with remarkable absence of bad Symptoms. Recovery.* Brit. Med. J., June 2nd.

Thorburn records a case which fell under his observation, where pneumothorax of the right side came on with no more symptoms than a sharp pain at the right side of the chest, and dyspnœa. It soon diminished and shifted its seat. On the second day after the pain had all but ceased, though the breathing on slight exertion was hurried, and the physical signs of pneumothorax were strongly marked. Recovery was nearly complete in about four months, his health has since been perfect, and there is no discoverable sign of tubercular deposit. Another similar case is noticed.

VOGT.—*On the Treatment of Pneumonia by Veratria.* Bull. Gén. de Thérap., Jan. 30th, 1860 .Brit. and For. Med.-Ch. Rev., July, 1860.

Vogt thinks that the treatment of pneumonia by veratria is not only equal to other methods, but actually superior, as out of 100 well-developed and serious cases, 8 only proved fatal. He gives ·077 grain every two or three hours, until the production of vomiting or diminution of the pulse.

PRIDHAM.—*Observations on the Treatment of Asthma.* Brit. Med. J., June 9th, July 28th, Sept. 1st, 29th, Nov. 17th, Dec. 29th.

Pridham specially considers the mode of management of dyspeptic asthma, which he treats by sedatives and strict diet. He relates a case of extreme emaciation with bronchitis and emphysema occurring in a clergyman, above 70 years of age, who had always been desired to live generously to make up for the copious expectoration of the disease. This man was placed on a greatly restricted diet with Extr. Hyoscy. gr. iij. *quater die*, afterwards changed for conium, and entirely lost his asthma, which previously had been constant, preventing him for years from lying down in bed at night. He remarks on the greater liability of men to asthma than women, in the proportion of 80 per cent., according to his own experience. "Secondly, women who are liable to asthma have gout prevailing in their families in a larger proportion than men." Thirdly he observes that asthmatic people are for the most part, gifted with extraordinary energy and talents. Several cases are related which illustrate forcibly the advantage of strict and careful dieting, where the asthma has its origin in disorder of the digestive organs. In conclusion he illustrates the effect of atmospheric influence as an exciting cause, and notices some palliative remedies.

FULLER.—*On the successful Treatment of Whooping Cough by increasing doses of Sulphate of Zinc and Belladonna.* Lancet, July 28th.

Fuller administers to children under three years of age, Extr. Bellad. gr. $\frac{1}{6}$ c., Zinci Sulph. gr. $\frac{1}{2}$, *quater die*, and to children above that age, Extr. Bellad. gr. $\frac{1}{4}$ c., Zinci Sulph. gr. i. The amount taken is increased by one dose every day, or every other day. The whoop ceases under this medication in 10-21 days. Dilatation of the pupil does not require discontinuance of the remedy.

SHARKEY.—*On the distinctive marks between Diphtheria and Croup.* Dublin Hosp. Gaz., Aug. 4th.

Sharkey argues for the great difference between croup and diphtheria, (1) from the earlier period of life at which croup mostly occurs; (2) from the absence of any gangrenous tendency in croup; (3) from the non-occurrence of swelling of the cervical lymphatic glands in croup; (4) from the non-contagiousness of croup; (5) from the fauces in diphtheria being covered with false membrane.

LAWFORD.—*On the proper use of Stramonium in Hay Asthma.*—Brit. Med. J., Aug. 18th.

Lawford recommends inhalation of concentrated stramonium fumes in hay-asthma. The herb is to be washed, the smoke puffed into an inverted ale glass, and when this is full it is to be placed over the mouth, and a deep full inspiration taken. The result is a momentary sense of suffocation, then copious expectoration of ropy mucus and immediate relief.

SKODA.—*On the Resorption of Pleuritic Exudations.* Allgem. Wiener Med. Zeitung., No. 4-7, 1859. Dublin Q. J. of Med. Sc., Aug. 1860.

Skoda is not favorable to thoracentesis, or subsequent iodine injections, he prefers inunction with preparations of mercury, iodine, or copper.

TRAUBE, MUNK.—*Pulmonary Abscess; Cure; Death from Pleurisy.* Deutsche Klinik, 2 and 3, 1860. Schmidt's Jahrb., Vol. 107, p. 302.

Traube in Munk's report states, that flakes of pulmonary parenchyma visible to the naked eye, lying in a puriform sputa are characteristic of abscess. These contain, as shown by the microscope, much elastic tissue, and free, black or yellow, amorphous or crystalline pigment. In tuberculous sputa the flakes of parenchyma are only of microscopic size, and in gangrenous sputa the elastic fibres are destroyed.

BERGH.—*Œdema of the Glottis terminating favorably.* Hospit. Tidende, No. 20, 1859. Schmidt's Jahrb., Vol. 107, p. 303.

In Bergh's case considerable advantage was derived from scarification of the epiglottis, a means in which he has great confidence. He would also employ tracheotomy in bad cases, quoting Valleix's statement that $\frac{4}{7}$ths of those who were operated on sufficiently early recovered. He also recommends leeches to the vicinity of the os hyoides, but discountenances the application of lunar caustic. He contests the opinion that the exudation is limited to the upper orifice, and does not extend into the interior of the larynx. The expiration is less impeded than the inspiration, but is not quite free.

SMITH, A. H.—*Dyspnœa as a Mechanical Cause of Congestion of the Lungs.* Brit. Med. J., Sept. 15th. Amer. Med. Times, July 21st.

Smith observes that blood is drawn into the lungs as well as air, during inspiration, and if the entrance of air is obstructed the amount of blood entering the lungs may be greatly increased. He illustrates this by an experiment, in which an animal's trachea being tied, and one side of the chest opened, that lung was found but slightly congested, the other gorged with blood. In diseases which obstruct the access of air the same occurs. The best remedy he thinks would be to increase the amount of oxygen in the air inspired.

E. SMITH.—*Some Practical Questions in the Treatment of Phthisis.* Brit. Med. J., Oct. 6th.

Smith argues for the existence of a pretubercular stage of phthisis in which the mechanical, chemical, and vital action of the lungs is lessened, and they are prone to become "depositors of diseased products." He proposes as a remedy the practice of forcible voluntary expansion of the lungs for ten minutes at a time twice a day, and states that the following benefits result, viz., diminished tendency to closure of the air-cells; possibly, the promotion of the absorption of deposits; increased vitality of the structures of air-cells; freer pulmonary circulation; more complete evolution of the carbonic acid retained in the air-cells and increased chemical and vital changes in the air-cells; increased development and power of the inspiratory muscles, and the direction of the patient's attention to the avoidance of shallow and short inspiration. With regard to the profuse sweats, Smith finds that coffee, milk, fat, alcohol, beer, and wine are the foods which lessen the action of the skin, while tea and vegetable food increase it. Further, if the perspiration have a marked acid odour, he gives alkalies or their salts, and regulates the amount of starchy food; if this is not the case he finds acids most useful.

J. E. Morgan.—*On the non-prevalence of Pulmonary Consumption in the Hebrides, and along the N.W. of Scotland.* Brit. and For. Med.-Ch. Rev., Oct. 1860.

Morgan draws attention to the rarity of phthisis along the N.W. coast of Scotland, as established by his own observations and the experience of others. He shows that this exemption is the more striking as, according to Dr. Greenhow's researches, the mortality from phthisis is rather greater in the healthiest rural, than in the most unhealthy town districts. The possible causes are alluded to as (1) a mild and moist climate, (2) the exposure of the natives to the weather, (3) their clothing and diet, (4) the amount of ozone in the air, (5) some peculiarity of race, (6) the construction of the Highland cabins, and the manner in which they are heated. He inclines to believe that the latter cause is the most efficient, and gives reasons for the opinion that the inhalation of peat-smoke has much to do in preventing or checking the development of pulmonary tuberculosis. In Oban where coal is chiefly used as a fuel, phthisis is by no means uncommon.

Fonssagrives.—*On the Treatment of Phthisis in its febrile stages by the administration of Tartar Emetic.* Lond. Med. Rev., Sept.

Fonssagrives states that tartar emetic employed for a considerable period checks the local congestions or inflammations which are developed around the crude tubercles, and prevents the tubercles from passing on to softening and suppuration. Opportunity is thus given for the use of cod oil and tonics. The appetite, digestion, and nutrition improve notably under the use of the tartar emetic.

Wagner.—*Numerous Bones in the Lungs.* Archiv. f. Phys. Heilk., iii, 3, p. 411. Canst. Jahrb., Vol. ii, p. 33.

Wagner found about 50 small bones, having true compact bone structure, scattered through both lungs of a male, æt. 26, dying of chronic endocarditis. They varied from the size of a millet seed to that of a pea, were of irregular, roundish form, not specially connected with bronchi, or vessels, nor did they lie exclusively in the interlobular tissue.

Freund.—*The Connection of certain Pulmonary Diseases with primary anomalies of the Costal Cartilages.* Erlangen, 1859. Canst. Jahrb., Vol. ii, p. 33.

Freund endeavours to show (1) that tuberculosis of the apices of the lungs may arise from primary early ossification of the first costal cartilage, which produces stenosis of the thorax and immobility of the ribs; and (2) that by primary elongation of the costal cartilages and the enlargement of the thorax thence resulting, vesicular emphysema may be produced.

GERHARDT.—*On differences of the Percussion Sound of the Lungs, in sitting or lying.* Deutsche Klinik, No. 11, 1859. Canst. Jahrb., Vol. ii, p. 93.

Gerhardt states (1) that the tympanitic percussion note of caverns may, in the erect posture, become higher or deeper than in the recumbent, and this difference may serve to distinguish it from the tympanitic sound of compressed lung tissue. (2) The non-tympanitic note of the lungs in the vicinity of the liver is, in the erect posture, higher than in the recumbent. (3) This difference can sometimes be made out in chests of slender conformation as high as the clavicle.

LICHTENFELS.—*On Percussion.* Zeitsch. d. k. k. Gesellch. d. Aerzte zu Wien. No. 34, 1859. Canst. Jahrb., Vol. ii, p. 93.

Lichtenfels states that the *fulness* of a percussion sound depends on the *gradual* decrease of its strength, and the degree of fulness is determined by the slowness of the decrease. The tympanitic character consists in the gradual change from a murmur (geraüsche) to a tone, and the degree of rapidity of this change determines the degree of that character.

CZERMAK.—*Contributions to Laryngoscopy. On the inspection of the Pharyngo-nasal Cavity, and of the Nasal Fossæ through the Posterior Nares by means of small Mirrors.* Wiener Wochenschr. No. 2, 10, 11, 16, 17, 32. Canst. Jahrb., Vol. ii, p. 104.

Czermak relates a case of supposed nervous hoarseness in which a small dark, apparently soft, roundish tumour was distinctly perceived attached to the right corda vocalis. In a second case of chronic aphonia and laryngeal dyspnœa, when laryngotomy had become necessary, a view of the exact situation of the contraction, and of the condition producing it was obtained by introducing a small reflector through a large canula into the wound, and so illuminating the larynx from below.

TÜRK.—*Communications respecting some cases of Laryngeal Disease examined with the Laryngeal Speculum.* Zeitschr. d. k. Ges. d. Aerzte, zu Wien. No. 11, 1859. Canst. Jahrb., Vol. ii, p. 104.

Türk records a case of lupus of the epiglottis, one of diphtheritic ulceration of the vocal cords, one of syphilitic laryngeal affection with aphonia, one of complete aphonia as he believes from semi-paralysis of the lateral crico-arytenoid muscles, one of new growths of fibroid tissue on the true vocal cords with permanent complete aphonia, one of œdema of the glottis from typhus, and a seventh also of œdema of the glottis. In all these laryngoscopy was of essential service.

——*On an Artifice in the examination of the Larynx.*—Zeitschr. d. k. k. Ges. d. Aerzte zu Wien. No. 8, 1859. Canst. Jahrb., Vol. ii, p. 104.

Türk describes several ways of altering the position of the larynx while examining it, so as to get a better view of its different parts. This is to be done mostly by an assistant.

Cotton.—*On the action of certain substances upon Phthisis. No.* iv. *Hydrochloric Acid.* Med. T. and G., Nov. 17th.

Cotton concludes that the mineral acids are well suited to a large number of phthisical cases, and that Acid. Mur. Dil. in doses of ♏ x-xv. *bis* vel *ter. die* is an important auxiliary.

Trousseau.—*On Sanguineous Effusions into the Pleura.* Monit. des Sc. Med. Nos. 107, 109. Med. T. and G., Nov. 17th.

Trousseau states that blood effused in the pleura quickly coagulates, does not act in any notable degree as an irritant, and is quickly absorbed. Wounds of the lung which do not divide any large vessel were found, in experiments on horses, to become speedily obliterated along their track by a fibrinous clot, while the lips of the wound are covered by a fibrinous disc adhering to the pleura. In traumatic effusions into the pleura Trousseau counsels absolute rest and a somewhat rigid diet and no interference, except in the case where a violent inflammation has arisen from the simultaneous introduction of blood and air, when paracentesis should at once be performed, and iodine injected.

Dutchen thinks the red line on the gums when present an infallible sign of tubercle. It was present in 48 out of 58 cases presenting the physical signs. Lancet, Oct. 8th.

Froriep.—*Local Treatment of Catarrh.* Froriep's Notizen, i Vol. No. 24, 1859. Canst. Jahrb., Vol. iii, p. 263.

Froriep recommends the use of calomel gr. i. as snuff every half hour, or in more severe cases inunction with ungt. hydrarg. Droste recommends in chronic cases a snuff composed of Trisnit. Bismuth ʒi. Pulv. Glycyrrh. ʒiss.-ʒij. Sulph. Iod. gr. v-vij.

Bouchut.—*New symptom of Croup indicating Tracheotomy.* Annali Universali di Medic. Milan, Oct. 1858. Canst. Jahrb., Vol. iii, p. 266.

Bouchut points out the occurrence of general hyperæsthesia of the skin in the last stage of croup, resulting from the increase of CO_2 in the blood.

Pitha.—*On the separation of the Mucous Membrane in Laryngotomy.* Zeitschr. d. k. k. Gesellsch. d. Aerzte zu Wien. No. 11, 1859. Canst. Jahrb., Vol. iii, p. 266.

In Pitha's case the thickened mucous membrane was detached to the extent of a square inch from the thyroid and cricoid cartilages, which were necrosed to the same extent. In consequence of this Pitha failed to penetrate into the airtube at first, and only succeeded by freely enlarging the wound downwards.

Gallavardin.—*Statistical documents on the Mortality in Pneumonia.* Gaz. Méd. de Lyon, Nov. 1859. Canst. Jahrb., Vol. iii, p. 273.

Gallavardin gives official reports from the hospitals of Vienna, Paris, Lyons, Rouen, Nantes, Copenhagen, Holland, and Italy, showing the mortality of pneumonic cases according to the treatment; period of disease when treatment was commenced; age, season of the year, medical constitution, type of disease, complications, sex, in the pregnant compared with the unimpregnated state, and according to the previous condition of health, and the constitution of the patients. The paper, though not embracing nearly all the available data, may be referred to with advantage, but it is impossible to give its results in an abstract.

GALASSI.—*On Fibrinous Broncho-pneumonia.* Annali univers. di Medic., Milan, Dec. 1858. Canst. Jahrb., Vol. iii, p. 273.

Towards the end of an epidemic of croupous bronchitis attending influenza, Galassi was led to employ cupping to the chest in the asphyxial stage, and with surprisingly good effects.

OPPOLZER.—*On the Causes and Treatment of Dyspnœa in Pneumonia.* Spitals-Zeitung, No. 8, 1859. Canst Jahrb., Vol. iii, p. 273.

Oppolzer recognises various causes for the dyspnœa. Where it depends on great congestion, or the rapid occurrence of exudation, is attended with very copious and bloody sputa, and with notable lividity V. S. is indicated. V. S. cannot it is true diminish the total amount of exudation, but it causes it to take place much more slowly, and thus lessens the dyspnœa. Another cause of dyspnœa is attendant pleuritis for which leeches, warm fomentations, and opiates are serviceable. If suffocation threaten during the period of defervescence an emetic of antimony and ipecacuan must be given without delay, except in special cases, where an emetic would be dangerous. Owing to the greater amount of blood thrown on the remaining healthy lung an acute serous œdema is apt to occur, which is to be met in robust individuals by a free V. S. This is, however, to be foreborne if the pulse be irregular, and the respiration intermitting. The V. S. is to be followed by derivation to the bowels, skin, and kidneys; Oppolzer prefers the former Where the dyspnœa is more febrile than dependent upon local changes Oppolzer gives small doses of digitalis and ipecacuan., and directs ablutions with cold acidulated water.

TRAUBE.—*Pneumonia treated with digitalis.* Deutsche Klinik, No. 47, 1859. Canst. Jahrb., Vol. iii, p. 273.

Traube remarks that digit. acts with very various rapidity in different cases. Generally, if given to a strong person, and while the disease is at its height, it takes a much longer time to act than in chronic cases, or where an acute disease is near its close.

BRANDES.—*On the treatment of pneumonia.* Virch. Archiv., 15 Vol., 1858, p. 210. Canst. Jahrb., Vol. iii, p. 273.

Brandes is little inclined to confide in statistics of various modes of treatment in pneumonia from having found that in the same wards and under the same treatment the mortality which in 1856 had been 5·4 per cent., amounted, in 1857, to 31 per cent. V. S. is useful, but only in appropriate cases. In asthenic pneumonia and in infantile Plumb. Acct. is a remedy of great value.

C. G. Kohlhardt.—*On the treatment of pneumonia.* Berlin, 1859. Canst. Jahrd., Vol. iii, p. 273.

Kohlhardt treats especially of bloodletting in pneumonia, and maintains that V. S. in certain cases is an excellent symptomatic remedy.

Bourgade.—*Diagnostic researches respecting the first period of pulmonary tuberculosis.* Gazz. Med. Ital. Lombard, No. 25, 1859. Canst. Jahrb., Vol. iii, p. 283.

Bourgade confirms from his experience the value of interrupted (saccadée) respiration as the earliest auscultatory sign of phthisis.

Bottini.—*On some remedies lately introduced for the cure of phthisis.* Gazz. Med. Ital. Stati Sardi, No. 1, 1859. Canst. Jahrb., Vol. iii, p. 283.

Bottini found phosphite of lime or soda, as well as Band's phospholin quite inert, but obtained good results from chloride of sodium and iodine in milk.

Anderl.—*On thoracentesis.* Deutsche Klinik, No. 3-12, 1859. Canst. Jahrb., Vol. iii, p. 286.

Anderl advocates thoracentesis, denying that absorption even of serous effusions is other than a rare event, and endeavouring to show by statistics that in the majority of cases (40 out of 64) the operation was more or less beneficial. He holds the entrance of air into the pleural cavity to be quite innocuous, and prefers the simplest mode of operating without any particular apparatus. He thinks it essential that there should be constantly a free outlet for the pus, &c., and advises rather a free incision than leaving a trocar in the wound. The operation is not to be too long delayed, especially when by an exploratory puncture certainty can be obtained of the existence of pus in the pleura. Tuberculosis, advanced age, debility, cachexia, the long existence of the disease, seem to him no contra-indication.

Möller.—*Report on the Royal Med. Poliklinik at Königsberg for* 1856 *and* 1857. Königsberg, Med. Jahrb., i Vol., 3 Part, 1859, p. 391. Canst. Jahrb., Vol. iii, p. 289.

Möller is satisfied from careful trial of the efficacy of the well-known combination of tr.-lytt, tr.-cinchon, and tr.-camph-co. in whooping cough.

Guntner.—*On Abcesses in the Anterior Mediastinum.* Oesterr. Zeitschr. f. prakt. Heilkde., No. 10-12, 1859. Canst. Jahrb., Vol. iii, p. 290.

Güntner gives an account of the disease from observation of 4 cases; in none of them was any cause discovered except a chill. The symptoms are such as result from pressure on the walls of the mediastinum. The chief danger is from pleuritis, pericarditis, or pyæmia.

Aran.—*Clinical observations on Pleurisy and Thoracentesis.* Gaz. des Hôpit. No. 98 and 99. Med. T. and Gaz. Dec. 15th.

Aran thinks that the only contra-indication to thoracentesis is the existence of gangrene of the lung or pleura, in which case, the fluid escaping from the wound, has such irritant properties, that it induces a diffused phlegma which proves fatal. He confirmes Louis's law that regular uncomplicated pleurisy, which always admits of cure, occupies the left side of the chest, and believes that in 95 cases out of 100 right-sided pleurisy indicates the existence of tubercle.

DRASCHE.—*On the relation and the prognostic import of Herpes in Pneumonia.* Oester. Zeitschr. f. prakt. Heilk., 1859, 50. Canst. Jahrb., Vol. iii, p. 314.

In 100 patients Drasche observed a mortality among the one-sided pneumonias of 19 per cent. where there was no herpes, and 3·2 per cent. when herpes existed. In double pneumonias 25 per cent. died who had herpes, and 20 per cent. who had none.

LUSSANA.—*Angina pectoris; its relations and analogies with Thoracico-brachial Neuralgia, as well as its points of difference.* Gaz. Lomb. 46-48, 1858; 9-13, 15-18, 1859. Schmidt's Jahrb., Vol. 108, p. 306.

From the relation of a well-marked fatal case with autopsy F. proceeds to a detailed examination of his subject. He describes the anatomical disposition of the nerves which he considers to be primarily and secondarily concerned, and traces the production of the various sympathetic and consensual phenomena depending on their irritation. His conclusion is that angina pectoris may be dynamic or organic; in most cases it is organic, especially resulting from a mechanical irritation, caused by a calcareous degeneration of the coronary arteries of the heart, or some similar cause acting on the cardiac plexuses. He regards it, therefore, as essentially a neuralgia, and believes that it proves fatal by cramp-like contraction of the heart when death occurs during an attack, or by paralysis of the heart when death occurs in an interval after repeated attacks. The characters of dynamic Angina pectoris are that it occurs mostly in early life, affects equally males and females, and yields readily to narcotics; in all these points it differs from organic.

MILLET.—*On Kermes and Digitalis in the treatment of Pneumonia, administered in gradually increasing doses.* Bullét. de Thérap. Ann. par Jamain, 1860, p. 55.

Millet gives to adults gr.$\frac{1}{7}$ of each drug every hour for the first day, and increases the dose daily until on the 9th day the patient takes gr.$\frac{3}{4}$. Improvement generally is marked by the 6th or 8th day, when the circulation is evidently affected by the digitalis. The remedies are to be continued for some time, not to be abruptly omitted. If delirium and ataxic symptoms appear, he gives musk and camphor. This method has proved very successful with patients of all ages, both the very young and old. Among 87 cases of children there occurred but one death, although 53 were very grave, attended with marked delirium and adynamia. Millet almost entirely eschews bloodletting.

WATERS.—*Observations on the morbid anatomy, pathology, and determining cause of Emphysema of the Lungs.* Brit. Med. J., Nov. 24th, Dec. 8th, 15th.

After a statement of Laennec and Gairdner's views, on the in- and ex-piratory theories of the production of emphysema, Waters gives his reasons for adopting the latter. These are, that in a person whose chest is exposed during the act of coughing a distinct bulging is seen produced above the clavicle; that in M. Groux during a violent expiratory act the lung of one side came forward into the sternal fissure as a distinct elongated tympanitic tumour; and that M. Guillot has observed in 15 infants suffering with long-continued spasmodic cough subpleural emphysema and even escape of air into the mediastinum and neck. He also adopts the opinion that some kind of degeneration of the pulmonary tissue takes place which precedes and predisposes to emphysema.

GUITARD.—*Vomica cured by Iodine inhalations.* Journ. de Méd. de Toulouse. Ann. par Jamain, 1860, p. 109.

Guitard records a remarkable case in which a cavity, the result undoubtedly of tuberculous disease was all but cicatrized, and the general health completely restored under the use of iodine given internally and by inhalation.

DIGESTIVE SYSTEM, INDEX.

LEARED.—*The causes and treatment of Imperfect Digestion.* pp. 224, London, Churchill.

LEBERT.—*Handbook of Practical Medicine.* Vol. ii, Tubingen, 1859.

LEUBUSCHER.—*Handbook of Clinical Medicine.* 1, 2, Leipzig, 1859.

NIEMEYER.—*Compendium of Special Pathology and Therapeutics.* Vol. i, Part 1. The diseases of the digestive tract, of the liver and spleen, with especial respect to physiology, and pathological anatomy. Berlin, 1859.

HARTMANN.—*Compendium of Special Pathology and Therapeutics considered from their clinical aspect.* Frankfurt a. m.

CAZIN.—*Case of Diphtheria successfully treated by Garlic and Lemon-juice, internally and externally.* Brit. and For. Med.-Chir. Rev., Jan., 1860, p. 241.

BASSLINGER, EDEN.—*On the preparation and medical use of Pepsin.* Schmidt's Jahrb., Vol. 105, p. 38.

MCCOMBIE.—*Case of Cancerous Ulceration of Œsophagus perforating the Aorta.* Lancet, Feb. 4th, 1860.

BRINTON.—*Clinical remarks; Complications and Varieties of cirrhosis of the Liver.* Lancet, Feb. 25th.

BOUCHUT.—*Abscess in the Iliac fossa in Children.* Brit. Med. J., March 3rd, 1860.

BOYS DE LOURY.—*On the results of Retention of fæces in the large Intestines, especially in the Cæcum.* Gaz. Hebdom., v, 28, 1858. Schmidt's Jahrb., Vol. 105, p. 328.

ROUX, J.—*Complete obstruction of the Intestine co-existing with an inguinal hernia.* Gaz. des Hôpit. 32, 1859. Schmidt's Jahrb., Vol. 105, p. 330.

DURR.—*Ileus from Intestinal obstruction resulting from old adhesions.* Würtemb. Corr. Bl., 35, 1859. Schmidt's Jahrb., Vol. 105, p. 333.

BUNZEL.—*Case of Axial Twisting and Entwining of the Intestines.* Oesterr.

Zeitschr. f. prakt. Heilk. v, 31, 1859. Schmidt's Jahrb., Vol. 105, p. 333.

Krauss.—*Case of Intestinal Intus-susception from a Tumour of the Intestine.* Würtemb. Corr. Bl., 28, 1859. Schmidt's Jahrb., Vol. 105, p. 335.

Cleveland, W. F.—*Case of ulcerative Stomatitis in an Adult, terminating fatally in sloughing phagedæna (cancrum oris) with remarks.* Lancet, March 24th.

Young, J.—*Case of Abdominal Abscess, with Extensive Mortification and Recovery.* Edin. Med. J., April, 1860, p. 943.

Forster.—*On Cylindrical Epithelical Cancroid of the Stomach, and its relation to the Flattened Epithelial Cancroid of the Skin.* Virchow's Archiv., Aug., 1858. Brit. and For. Med.-Chir. Rev., April, p. 525.

Lagneau.—*On Syphilitic Tumours of the Tongue.* Gaz. Hebd. vi, 32, 33, 1859. Schmidt's Jahrb., Vol. 106, p. 45.

Brinton.—*Clinical remarks; Complicated Cancer of the Stomach.* Lancet, April 28th.

Johnson.—*Case of Intus-susception of the Ileum into the Cæcum and ascending colon; Death; Autopsy.* Med. T. and Gaz., May 1st.

Croskery.—*Case of Ascites, in which nature effected a cure by Spontaneous Rupture of the Abdominal Parietes at a point midway between the Umbilicus and Pubes; with remarks on the treatment of Ascites.* Dublin Q. J. of Med. Science, May, p. 305.

Traube and Munk.—*Perforation of the Vermiform process, Incipient Suppuration in the Liver, regular Intermittent Fever.* Deutsche Klinik. 51, 1859. Schmidt's Jahrd., Vol. 106, p. 179.

Brinton.—*Clinical remarks—Fatal Peritonitis.* Lancet, May 26th, 1860.

Maclachlan.—*Œsophageal Fistula communicating with the exterior of the right side of the Chest through the Lung and Pleural Cavity.* Glasgow Med. J., Jan., 1860, p. 432.

Leverett.—*On the use of Raw Meat as a remedy.* Charlestown Med. J. and Rev., March, 1860. Brit. and For. Med.-Ch. Rev., July, p. 255.

Rotten, Lang, Kolb.—*Three cases of Perityphlitis terminating favorably.* Schmidt's Jahrb., Vol. 107, p. 31.

Hinton.—*Gall-stone voided through the Abdominal Parietes.* Brit. Med. J., Aug. 4th.

Pardon.—*On use of Hypophosphates in Gastric Remittent Fever.* Dublin Hosp. Gaz., Aug. 4th.

De Ricci.—*On Alum and Ice in Hæmatemesis.* Dublin Q. J. of Med. Science, Aug., 1860.

A fish bone lodged in the Œsophagus, perforating the Diaphragm and Heart, resulting in death. Lancet, Aug. 25.

Barton.—*Case of Diphtheria.* Dublin Hosp. Gaz., Sept. 1st.

American modes of using eggs in disease. Dublin Hosp. Gaz., Sept. 1st.

Rennie.—*Connection between Intestinal Ulceration and the Elimination of Febrile Poisons by Internal Eruptions.* Lancet, Sept. 8th.

Grand-Boulogne.—*Ice as an application in Diphtheria.* Presse Méd. Belge, No. 13. Med. T. and Gaz., Sept. 8th.

Aldridge.—*On a case of Obstruction of the Bowels from adhesion to the Uterus.* Lancet, Sept. 15th.

LOWE.—*On Sarcina Ventriculi.* Brit. and For. Med.-Ch. Rev., Oct., 1860.

KUCHENMEISTER.—*On the Conversion of Cysticercus Cellulosæ into Tænia Solium.* Deutsche Klinik, No. 20. Med. T. and Gaz., Oct. 27th.

MAYER.—*On Oxalate of Cerium and its Medicinal Application.* Procter's Amer. J. of Pharmacy, xxxii, 1. Schmidt's Jahrb., Vol. 108, p. 161.

INNHAUSER.—*Wine Enemata in Dyspepsia (case).* Schmidt's Jahrb., Vol. 108, p. 166.

COPEMANN.—*Remarks on Obstruction of the Bowels, with cases.* Brit. Med. J., Dec. 1st, 8th, 25th, 22nd.

BLAIR.—*Case of Intestinal Worms, terminating fatally.* Edin. Med. J., Dec.

BERGOUHNIOUX.—*On an hitherto undescribed Herpetic Affection of the Tongue.* Journ. du Progrès, No. 17, 1859. Canst. Jahrb., Vol. iii, p. 171.

SERVENT.—*On the treatment of Membranous Angina by Hydrochloric Acid* (Strasbourg). Canst. Jahrb., Vol. iii, p. 172.

WÜST.—*Dissertation on Noma.* Berlin, 1858. Canst. Jahrb., Vol. iii, p. 172.

MIDDELDORPF.—*On Polypi of the Œsophagus and on the first successful extirpation of a Tumour of this kind.* Canst. Jahrb., Vol. iii, p. 176.

NICOLAS.—*On Dyspepsia.* Gaz. des Hôpitaux, 1859, No. 113. Canst. Jahrb., Vol. iii, p. 177.

ROUX.—*Note on the use of Diastase in certain Dyspepsias.* Monit. des Hôpit., Vol. 7, No. 55, 1859. Canst. Jahrb., Vol. iii, p. 177.

CASTELNAU.—*On the efficacy of Diastase in Dyspepsia, and in some forms of Vomiting.* Monit. des Sciences, Tome 1, No. 26, Oct. 20th, 1859. Canst. Jahrb., Vol. iii, p. 177.

GOURIET.—*Lead Colic and Glazed Vessels.* Gaz. des Hôpit., No. 114, Sept. 20th, 1859. Canst. Jahrb., Vol. iii, p. 188.

SCHWARTZ.—*A case of Proctostenosis.* Canst. Jahrb., Vol. iii, p. 188.

LAMBL.—*Microscopic Examinations of the Intest. Excretions.* Prager Vierteljahrschrift, Vol. i, 1859. Canst. Jahrb., Vol. iii, p. 188.

PELOUS.—*The different modes of Treatment of Accidental Intestinal Occlusion situated above the Rectum.* Strasbourg. Canst. Jahrb., Vol. iii, p. 189.

NUSSBAUM.—*Liberation of a Strangulated Intestine by operation.* Aerzt. Intelligenzblatt, No. 47. Canst. Jahrb., Vol. iii, p. 189.

SOULIER.—*On Volvulus; general considerations with respect to two cases.* Canst. Jahrb., Vol. iii, 189.

BOURDON.—*Biliary Calculus of a considerable size making its way into the digestive tube through the perforated walls of the Gall Bladder and Transverse Colon.* Gaz. des Hôpit., No. 72, 1859. Canst. Jahrb., Vol. iii, p. 190.

BATALLA.—*Tumour of the right Inguinal Region containing Lumbrici.* Gazz. Med. Ital. Stati Sardi., No. 11, 1859. Canst. Jahrb., Vol. iii, p. 190.

BUIGNET.—*Chemical Examination of a milky liquid drawn off by paracent. abd. from a girl* 8 *years old.* Canst. Jahrb., Vol. iii, p. 197.

SKODA.—*Etiology and Prognosis of Peritonitis in general.* Clinique Europ., No. 8, 1859. Canst. Jahrb., Vol. iii, p. 198.

HERRMANN.—*Remarks respecting the treatment of Acute Peritonitis.* Med. Ztg. Russlands, No. 10, 1859. Canst. Jahrb., Vol. iii, p. 198.

V. Dahl.—*Case of Peritonitis with Perforation terminating favourably.* Canst. Jahrb., Vol. iii, p. 298.

Second-Feréol.—*On Perforation of the Anterior Abdominal Wall in cases of Peritonitis.* Canst. Jahrb., Vol. iii, p. 198.

Harris.—*On a case of Typhlo-enteritis.* Lancet, Dec. 15th.

Russell, J.—*Cases of Stricture of the Rectum or lower part of the Colon.* Brit. Med. J., Dec. 15th.

Hanff.—*Description of the Dysenteric Epidemic which prevailed in the latter part of the summer of* 1859, *in the district of Kirchheim.* Wurtemb. Corresp. blatt. 21, 1860. Schmidt's Jahrb., Vol. 108, p. 318.

Roser.—*On Dysentery and Cholera Infantilis in* 1859. Wurtemb. Corresp. blatt. 19, 1860. Schmidt's Jahrb., Vol. 108, p. 318.

Roux.—*Use of Diastase in certain Dyspepsias.* Monit. des Hôpit. Ann. par Jamain, 1860, p. 92.

Curran.—*Outline of a case of peculiar displacement of the Stomach, resulting probably from congenital deficiency of the diaphragm, and leading to convulsions and death from extravasation of blood on the Brain.* Lancet, Dec. 29th.

Darrach.—*Aromatic Sulphuric Acid in the treatment of Tapeworm.* Americ. J. of Med. Sc., Oct. 1860.

Lee, C.—*On the Therapeutical uses of the Oxalate of Cerium.* Americ. J. of Med. Sc., Oct. 1860, p. 391.

Geoghegan.—*On Idiopathic Glossitis.* Dublin Med. Press, July 25, 1860.

Leclerc, Desprès.—*Belladonna in Cholera and in the Tenesmus of Epidemic Dysentery.* Gaz. des Hôpit., 1859. Ann. de Thérap., 1860, p. 48, 49.

Von Dahl.—*Strychnine in Chronic Diarrhœa.* Journ. de Méd. de Bruxelles. Ann. de Thérap., 1860, p. 69.

Van Holbeck.—*Scrophularia Minor in Hæmorrhoids.* Presse Med. belge. Ann. de Therap., 1860, p. 168.

Trapani.—*Subcarbonate of Iron in Arsenical Poisoning.* Gaz. Méd. de Paris. Ann. de Thérap., 1860, p. 233.

Malmstein.—*Intestinal Infusoria in Man.* Archiv. f. path. Anat. Ann. de Thérap., p. 268.

Ayres.—*Dysentery; its Pathology, causes, and treatment, with cases.* N. Americ. Med. Chir.-Rev., Sept. 1860.

Orton.—*A Statistical Contribution to the diagnosis of Cancer of the Stomach.* Amer. Med. Times, Sept. 1860.

Fountain, E. J.—*Treatment of Stomatitis Materna by the syrup of the phosphates.* N. Amer. Med. Chir.-Rev., Jan. 1860.

DIGESTIVE SYSTEM.

Muller.—*The Corrosive Ulcer in the Stomach and Intestinal Canal,* p. 275. Erlangen. Canst. Jahrb., Vol. iii, p. 183.

Muller examines very completely all the parts of his subject without however contributing anything of much novelty. He states that after ligature of the portal vein in rabbits, he found in almost all cases numerous hæmorrhagic erosions, especially in the pyloric region. The origin of the ulcer he ascribes with Virchow to a local stoppage of the circulation, and believes that this arrest is chiefly produced by disease of the gastric vessels, and particularly by hæmorrhagic necrosis. The increase of the ulcer he attributes to the gastric juice acting upon its surface. The pain of gastric ulcer seems to him of neuralgic character, and not to be explained by the size, or depth, or seat of the ulcer, but to depend mainly on the natural susceptibility of the sufferer.

SANDERSON.—*On Diphtheritic Sore Throat.* Brit. and For. Med.-Chir. Rev., Jan. 1860.

After describing the structure of the mucous membrane, Dr. Sanderson observes that having "to do with two distinct structures in the mucous membrane proper, and a third in intimate relation with it, viz., the sub-mucous tissue, we should expect to be able to distinguish three corresponding series of pathological results of exudation," viz., the catarrhal, croupous, and submucous. He distinguishes concrete exudations affecting the mucous membrane into (*a*) the true fibrinous, (*b*) the granular or amorphous. Such exudations either on its surface, or in its substance, form the essential lesions of the mucous membrane in (1) superficial sloughing of the mucous membrane; (2) superficial true croupous concretion; and (3) superficial granular concretion. Several illustrative cases are given with observations on the minute anatomy of the diseased states. In his next paragraph the author proceeds to show that the 3 states above mentioned correspond generally to those varieties of the disease distinguished by authors as the croupous, the ulcerative, and the simple forms of pellicular sore throat. The croupous angina is the true dipthérite of Bretonneau (croup descendant of many other authors), a disease which generally commences in the pharynx or fauces, rarely in the larynx, and is marked by the tendency to extend rapidly downwards; it is not accompanied by any constitutional symptoms, and if fatal, invariably destroys its victim by suffocation. The purely ulcerative epidemic sore-throat is more rare than the other two; Dr. Sanderson has had the opportunity of studying an epidemic affecting nearly 1000 persons, in which by far the greater number of mild cases were entirely of this character. Destructive ulceration of the membrana propria, when it exists in its most intense form, gives rise to that kind of sore throat designated angina maligna or gangrenosa, but between this and the trivial lesion just described every degree of ulceration is met with. The third variety of lesion of the mucous membranes—the granular superficial infiltration of the epithelium—characterises in its simple form the most common cases of epidemic sore-throat, those in which the tonsils, uvula, soft palate, and neighbouring parts are covered with a soft or at all events never tough or leathery coating, having little or no tendency to extension. These cases usually do well under any or no treatment. The same deposit is, however, met with in fatal cases. In angina gangrenosa the symptoms are those of purulent infection, not of the adynamia of fatal diphtheria. Respecting the relation of albuminuria to diphtheritic sore throat, Dr. Sanderson controverts the opinions of M. Bouchut and Dr. Wade. The former states, that albuminuria in diphtheria is a sign of commencement of purulent infection, and coincides with a very great gravity of the disease. Dr. Sanderson gives a brief record of 8 cases, in one or two of which albumen existed in large quantities in the urine, although the disease was mild. In one case the urine was found loaded with albumen 18 hours after the disease first showed itself. Dr. Wade's opinion he refutes by narrating a case of severe diphtheria in which the urine was analysed for urea and chlorides during the acme of the disease and during the period of convalescence. The whole quantity of urine for 24 hours was collected. The results were, that at the acme of the disease, when the urine was intensely albuminous, when there was complete anorexia, and the ingesta were reduced to a minimum, the quantity of urea excreted in a period of 24 hours was about twice as great as that excreted during a similar period when convalescence was established, and he was eating with appetite the ordinary diet of the hospital with extras. The amount of chlorides was also nearly doubled. It is evident from this that the albuminuria by no means involves a state of uræmia.

LEUDET.—*Pathological and Clinical Researches regarding Ulceration and Perforation of the Appendix Vermiformis.* Archiv. Gen., Aug., Sept. 1859. Brit. and For. Med.-Chir. Rev., Jan., 1860.

Professor Leudet has met with 18 cases of ulceration of the mucous lining of the appendix vermiformis, and is of opinion that phthisis is its most frequent cause. Phthisis existed also in 6 out of 13 cases of perforation which he observed. He has not yet met with a case in which typhoid fever caused perforation.

RILLIET.—*On Dilatation of the Stomach.* Gaz. Hebdomad., Nos. 17, 18, 20, 1859. Med. T. and Gaz., Jan. 21st, 1860.

Rilliet details 2 cases of dilatation of the stomach which have come under his observation. In one there was an ulcer at the level of the pylorus, in the other there was a stricture probably from the cicatrization of an ulcer. He states, however, that it is by no means essential for dilatation of the stomach to be associated with narrowing of the pylorus. The characteristic symptoms are vomitings, more or less copious, occurring at intervals of 2—15 days, and the condition of the abdomen, as ascertained by physical examination, before and after the attacks of vomiting. Painful and excessively acid eructations and regurgitations are also observed. The course of the disease is chronic. Cure is possible if there be not organic disease. The treatment consists in careful regulation of the diet, only small quantities of easily digestible substances being taken at one time; in the administration of suitable stimulants and peptic remedies; and in the use of electricity and compressive bandages to the abdomen.

NELATON.— *On Syphilitic Stricture of the Rectum.* Allg. Wiener Med. Ztg., 24, 1859. Schmidt's Jahrb., Vol. 105, p. 51.

Nélaton remarks as the peculiarities of syphilitic stricture of the rectum, that it is situated 1½—2 inches from the anus, that its form is that of a double funnel, that there is a sero-purulent discharge from the anus occasioned by ulcerations of the mucous surface; that the fæces are apt to be liquid, and discharged without notable difficulty, and that complications with fistulæ and condylomata are frequent.

MIDDELDORPF.— *On Polypi of the Œsophagus.* Dublin Q. J. of Med. Sc., Feb., 1860.

In a paper on polypi of the œsophagus, Middeldorpf enumerates dysphagia, emaciation, œsophageal inflammation, nausea, vomiting, and occasional rising of the polypus into the throat as the chief signs. He reviews the various modes of treatment, and gives the preference to direct removal by excision combined with ligature to prevent hæmorrhage. He advises removal to be performed by the galvanic cautery. Œsophagotomy he thinks too dangerous.

GAUSTER.—*A Contribution to the Statistics of Diarrhœa, with remarks on its import in Sanitary Police.* Wien Ztschr., N. F. ii, 35, 36, 1859. Schmidt's Jahrb., Vol. 106, p. 181.

Gauster details his experience of epidemic diarrhœa prevailing at Stein, in Carniola, in 1856 and 1856. The deaths were 48 out of 371 cases, and more than one-tenth of the whole population was attacked. Of the adults, males and females were affected in about equal proportions. More than seven times as many children were attacked as adults. The greatest number of deaths occurred in children under 1 year of age, the number dying between 1st and 5th years was double of that for the next decade. The disease lasted 3—4, even 10 weeks. In numerous cases it supervened on pertussis and measles, or on simple intestinal catarrh. In the commencement of the whooping cough, and generally in the first week after the onset of the measles, the diarrhœa broke out. Cases of the latter kind were more favourable and terminated sooner than when the disease was not preceded by measles.

RÖSER.—*Remarks on Dysentery, especially respecting its paralytic form.* Wurtemb. Corr., Bl. 30, 1859. Schmidt's Jahrb., Vol. 105, p. 183.

Röser describes a form of dysentery attended not unfrequently with paralysis. Nothing is said of the state of the great nervous centres, but he is inclined to attribute the paralysis, which does not seem to have been complete, to the contact of the inflamed transverse colon with the solar plexus lying behind it. This part of the intestine was found drawn backwards and covered by the lower border of the stomach, and the inflammation especially concentrated upon it. If the ascending and descending colon were equally affected with the transverse, and if the latter was not displaced, paralytic phenomena were not observed. The author praises a calomel treatment, but seems to have trusted a good deal to an expectant.

ROUX.—*Complete obstruction of the Intestine co-existing with an Inguinal Hernia.* Gaz. des Hôpit. 32, 1859. Schmidt's Jahrb., Vol. 105, p. 330.

Roux relates a fatal case of intestinal obstruction, the cœcum, ascending, and transverse colon being greatly distended, but no kind of stricture, or disease of the intestinal coat existing, as proved by the autopsy.

DURR.—*Ileus from Intestinal Obstruction resulting from Old Adhesions.* Wurtemb, Corr., Bl. 35, 1859. Schmidt's Jahrb., Vol. 105, p. 333.

In Dürr's case fatal ileus appears to have been occasioned by matting together of the intestines by old adhesions, aided by a constricting fibrous band which crossed the left colon and very much narrowed its canal. This band passed from the apex of a loop of the ileum to the peritoneum over the spleen. The sides of this loop were adherent, and the chief obstruction seemed to have been at this point, as 1lb. of mercury which been given was found above it, together with fecal liquid, and the canal was much distended.

VOSS.—*Gangrene and Detachment of a portion of Intestine.* Schmidt's Jahrb., Vol. 105, p. 335.

Voss's patient, on the 20th day of his illness, passed by stool a gangrenous piece of intestine consisting of 10 inches of the ileum, the whole cœcum, and a part of the ascending colon. Recovery went on well.

INMAN.—*On Morning Sickness, its Significance as a Symptom.* Brit. Med. J., March 24th.

Inman refers the occurrence of morning sickness to some deterioration of vital power, especially of the brain and stomach. He cites instances of its affecting men as well as pregnant women. As remedies, he recommends those which improve the condition of the patient generally, improve the steadiness of the circulation in the brain, and the tone of the stomach, and diminish the undue sensibility of the weak organs.

TREITZ.—*On Uræmic Intestinal Affections.* Prag. Vierteljahrschr. lxiv, p. 143, 1859. Schmidt's Jahrb., Vol. 106, p. 40.

Treitz describes the whole intestinal tract in uræmic patients as in a state of chronic blenorrhœa, or catarrh, with more or less intense congestion. The mucous surface is irritated by the ammoniacal contents; in parts it becomes sloughy, gangrenous, or ulcerated, sometimes even perforations occur; sometimes dysentery is set up with suppuration and ulceration; sometimes again, especially in the flexures of the colon, a state is met with, which Treitz calls maceration-dysentery, and which is characterised by pretty extensive, roundish patches of loss of substance, whose base is formed by the submucous or muscular coat, and whose edges are sharply defined and softened to transparent jelly. Dropsy existed, together with catarrh, blenorrhœa, and hydrorhœa, in about ¾ths of the 220 cases examined, about as often together with follicular and maceration-dysentery, with croupous and ulcerative dysentery it was present in 57 per cent., and with sloughing in 41·6 per cent. In some experiments upon dogs, it was found that when the blood was saturated with urea, that which was introduced into the intestine rapidly underwent decomposition, while in healthy animals it was absorbed unchanged, and no ammoniacal reaction was obtained. The same, no doubt, occurs in M. Brightii and analogous states. The true uræmic state of the blood should be distinguished, the author thinks, from that produced by the absorption of ammonia. The former he would term *Uræmia*, the latter *Ammoniæmia*. The principal object of treatment is to prevent, by chemical means, the decomposition of the urea in the intestinal canal, and to fix, in the form of salts, that which is already formed.

HOWITZ.—*Case of escape of Air into the Peritoneal Cavity after perforation of the Wall of the Stomach by an Ulcer.* Hosp. Tidende, No. 16, 1859. Schmidt's Jahrb., Vol. 106, p. 43.

After the details of his case, Howitz proceeds to point out the points of diagnosis between accumulation of air in the intestines, and distension of the peritoneal cavity by it. In the latter case, the abdomen is more uniformly distended, the hand applied to the surface experiences a peculiar elastic sensation, and the normal hepatic dulness may be entirely absent, and replaced by a tympanitic sound, continuous with the pulmonary resonance. In the former case, besides the absence of the symptoms that have been mentioned, some distended intestinal convolutions can manifestly be made out through the abdominal parietes.

ISID. BUYS.—*On a Cause of Death in aged or very weakly Persons apt to escape Notice.* Journ. de Bruxelles, No. 28, p. 359, April, 1859. Schmidt's Jahrb., Vol. 106, p. 93.

Isid. Buys draws attention to the danger of aged or feeble persons, or those whose mental faculties are in any way impaired, being suffocated by morsels of food, &c., in the act of swallowing.

SCHOTTIN.—*On Fermentation in the Stomach.* Arch. d. Heilk. i, p. 109, 1860. Schmidt's Jahrb., Vol. 106, p. 177.

In 5 patients affected with chronic gastric catarrh, Schottin found the matters vomited when the stomach was empty, or nearly so, to contain always butyric acid, and once in a drunkard, acetic. Muriatic and lactic acids were always absent. He regards the two first mentioned acids as products of fermentative change affecting the gastric mucus and epithelium, and recommends alcohol, muriatic, and sulphuric acids, as means of arresting this process, and improving digestion.

KENNEDY.—*On the Condition of the Intestine in Typhoid Fever.* Dublin Hosp. Gaz., June 1st.

Kennedy's case presented all the signs of typhoid fever, and sank on the 21st day; but there was found no intestinal ulceration, though Peyer's patches were developed to some extent.

SMITH.—*Brandy Injections in Cholera.* Med. T. & Gaz., June 23rd, 1860.

Smith recommends enemata of brandy and strong green tea after each intestinal evacuation in cholera. It controls the diarrhœa, and induces rapid reaction. He also gives calomel, quinine, and camphor in a pill every half-hour.

MUNCHMEYER.—*On Typhlitis and Perityphlitis and their Sequelæ.* Deutsche Klinik. 5—10, 1860. Schmidt's Jahrb., Vol. 107, p. 30.

Münchmeyer advises, in the treatment of typhlitis and perityphlitis, evacuant remedies, as Ol. Ricin. and Calomel to be continued as long as the painful tumour exists. In cases of great dilatation with insuperable obstruction an artificial anus is to be made, which, though below the constricted part, is not irrational, because after the cœcum is emptied its position is changed, and the ilio-cœcal valve is no longer closed. Peritonitis is to be met by local and general bleeding, and cold or warm applications, the purgatives being omitted. When ulcers have formed, he advises entire rest, and strict diet, with calomel gr. ¼—½ *bis vel ter. die*, and blisters to the cœcal region. If signs of perforation appear, opium is to be given in full doses gr. ½—i. o. semihorâ until the pains greatly diminish, and then at longer intervals.

TROUSSEAU.—*On Epidemic Dysentery.* Gaz. des Hôpit. 10, 14. Med. T. & Gaz., Aug. 4th.

Trousseau considers epidemic dysentery as the most murderous of all diseases of the kind, and states that its causes may be quite inappreciable. In the matter of treatment, he strongly disfavours the rapid arrest of the flux by opium, which occasions the appearance of typhoid symptoms. Bretonneau's treatment by sulphate of soda, and the English mode by calomel, have both proved successful. Ipecacuanha he seems to discard. The administration of sufficient nourishment in the form of soups, barley and rice water, he deems of vital importance.

DE RICCI.—*On Alum and Ice in Hœmatemesis.* Dublin Q. J. of Med. Sc., Aug. 1860.

In De Ricci's case profuse hæmorrhage, apparently from a gastric ulcer, had nearly proved fatal, but was at last arrested by full doses of alum repeated every 3 hours with ice, and a bladder of ice to the epigastrium, while stimulants and food were administered solely by the rectum. A relapse occurred after a pause of 95 hours, and it was not until no food had been administered by the mouth for 140 hours that the patient arrived at a state of safety. He recovered perfectly.

CARTER.—*Some Suggestions for the Improvement of Paracentesis Abdom. in Cases of Ascites.* Med. T. & Gaz., Sept. 15th.

Carter recommends the use of a fine trocar introduced obliquely upwards, the removal of only a small quantity of fluid sufficient to relieve distension, and the earlier employment of paracentesis. He objects against the present method the danger of peritonitis, the shock to the system produced by the evacuation of so large an amount of fluid, the frequent oozing of serum through the wound, and the tendency to congestion and re-effusion in consequence of the blood-vessels having lost their support.

KUCHENMEISTER.—*On the Conversion of Cysticercus Cellulosœ into Tœnia Solium.* Deutsche Klinik., No. 20. Med. T. and Gaz., Oct. 27th.

Kuchenmeister administered to a criminal measly pork on Nov. 24th, 1859, and January 18th, 1860, and made the autopsy March 31st. Almost 50 per cent. of the cysticerci were found in the condition of tapeworms. The prisoner was in good health, his muscles contained no cysticerci.

SAPPEY AND ROBIN.—*On Vascular Anastomoses in Cirrhosis of the Liver,* Bullet. de l'Académie de Méd. T. xxiv, p. 943. Canst. Jahrb., Vol. ii, p. 36

Sappey denies that the umbilical vein takes any part in forming a communication between the portal vein and those of the abdominal walls in cirrhosis of the liver. What authors have described as the umbilical vein in such cases is probably an enlarged vein belonging to the accessory portal discovered by Sappey. These run from the abdominal wall and the diaphragm through the teres and suspensory ligaments to the portal vein branches. Another group reaches the liver by the longitudinal fissure passing along the umbilical cord. One of these veins opens constantly into the left branch of the portal vein at the same level as the point of junction of the obliterated umbilical vein. This vein was in two cases as large as the radial artery. Sappey enumerates numerous anastomoses between the portal and the general venous system at points more or less distant from the liver, as well as between certain veins of the intestines and branches of the inferior cava.

BOULEY.—*Report on a Memoir by M. Labourdette, entitled, "On the Introduction of Medicines into the Milk by Digestive Assimilation."* Read and discussed before the Acad. of Medic., April 19th and 26th, 1859. Bullét. de l'Acad. xxiv, 1859. Canst. Jahrb., Vol. ii, p. 123.

Labourdette found it a matter of some difficulty to keep the cows and goats in health and milk while they were being dosed with various drugs. He succeeded however pretty well, by keeping them in the open air and feeding them well on vegetables and fresh roots. In some instances he was able to give as much as Pot. Iod. 20 grammes, Calomel 3 gram., Hydr. Bichl. 1 gram., Liq. Pot. Arsen. 5—10 gram. daily. The various ingredients were more difficult of detection chemically than when merely mixed with the milk.

TROUSSEAU.—*On the simple Ulcer of the Stomach and Hæmatemesis.* Clinique Européenne, 1859, No. 1. Canst. Jahrb., Vol. iii, p. 183.

Trousseau, *apropos* of a case, maintains the probability of idiopathic hæmorrhage from the gastric mucous membrane.

MIDDELDORPF.—*On External Gastric Fistulæ and their Cure by Surgical Means, with an Account of a successful Case.* Canst. Jahrb., Vol. iii, p. 187.

Middeldorpf details in a condensed manner the various points relating to his subject. He mentions the situation of the external orifice in 27, and of the internal in 14 cases. The causes of the fistula may be external or internal.

FÖRSTER.—*On Peritonitis in consequence of Puriform Inflammation of the Fallopian Tubes.* Wiener Med. Wochenschrift, No. 44, 1859. Canst. Jahrb., Vol. iii, p. 198.

Förster distinguishes 3 forms of this disease; one in which the inflammation spreads directly from the abdominal opening of the tube to the surrounding peritoneum; a second in which the inflamed tube is perforated by ulceration and pus escapes into the peritoneum, and a third in which pus or sanious matter flows from the open end of the tube into the serous cavity. The last is the rarest, the first the most frequent.

HABERSHON.—*On the Etiology and Treatment of Peritonitis.* Med.-Chir. Trans., 1860, p. 5.

Habershon gives the following summary: (1) That peritonitis is never idiopathic in its origin, and that we do not find any such instance as acute disease of the peritoneum coming on from mere exposure to cold. In such supposed cases the cold merely tends to render acute an already existing morbid state. (2) That the consideration of the origin of the disease, either in a local or general source, is the best guide to treatment. (3) That where the disease results from perforation, injuries, &c., abstinence from food, and opium, with warmth, local depletions, &c., are the best remedies. (4) That where peritonitis is a symptom of blood-change, as in albuminuria and pyæmia, it may be best relieved by the treatment of the primary disease, but that here opium is sometimes of great value, and more effective without than with mercury. (5) That in cases of strumous, cancerous, or hepatic disease, the consideration of the cause is our best guide, and that, while in cases of the latter kind mercurials are sometimes of great service, salivation is unnecessary. (6) That in general the benefit ascribed to mercury in the treatment of peritonitis is not established, and perhaps is really due to the opium given with it.

HANDFIELD JONES.—*Tabular Statement of 72 Cases of Hæmatemesis, with Remarks.* Med.-Chir. Trans., 1860, p. 353.

The possibility of pretty copious gastric hæmorrhage analogous to epistaxis, the slight amount of dyspepsia in many cases, and the great benefit of a steady tonic treatment in positive ulceration are the points insisted on.

PIEDVACHE.—*On Epidemic Dysentery and its Treatment.* Gaz. de Paris, 15, 16, 18, 1859. Schmidt's Jahrb., Vol. 108, p. 317.

In 5 epidemics observed by Piedvache, the disease always had a different starting-point, without any discoverable determining local influences. The mortality is very high, amounting to $\frac{1}{5}$ to $\frac{1}{2}$ of all those attacked. From $\frac{1}{40}$ to $\frac{1}{20}$ of the whole population of a district have been carried off. The disease most resembles tropical dysentery. Emetics, purgatives, and astringent enemata constitute the best treatment.

WHITTINGHAM.—*On Tropical Dysentery.* Americ. Q. J. of Med. Sc., Oct., 1860.

Whittingham makes 5 varieties of dysentery; (1) dysentery depending upon indigesta and feces retained in the bowels, to be treated by ol. ricini and copious oily enemata. (2) Simple specific dysentery, common or bilious, to be treated by ʒss. doses of ipecacuanha with enemata of the same and morphia for 3 or 4 days, or by Ipecac. gr. x. + Opii. gr. i., 6tis. horis, with the above enema. Subsequently the pomegranate bark in decoction. (3) Dysentery complicated with enteritis, to be treated by warm bath and 3 doses of calomel and opium, followed by the same treatment as in (2). (4) Dysentery complicated with acute or chronic inflammation of the liver, to be treated by local bleeding, a purge of calomel and rhubarb and mercury in divided doses to ptyalism. (5) Putrid, malignant, or gangrenous dysentery, to be treated by Extr. Nucis. Vom. gr. i—iij + Extr. Opii. gr. i. in pil. 3tiis. horis, with enemata of Liq. Sod. Chlorin.

Champouillon.—Hydragogue pills, consisting of Scammony, gr. ij., Cambogiæ, gr. iij., Scillitinæ, gr. $\frac{1}{5}$, Ol. Croton, ♏. $\frac{1}{2}$, Acid Tart., gr. iss. m. ft. in pil. iv. pro unâ dosâ sd. Gaz. de Hôpit. Ann. de Thérap., 1860, p. 150.

Foy.—*Hematic Capsules.* Repert. Pharmac. Ann. de Thérap., 1860, p. 200. Extr. of calves' arterial blood, gr. 500, Phosph. of Soda, gr. 50, m. ft. in capsulas c gr. v—x.

SECRETORY SYSTEM, INDEX.

Gulland, A. D.—*Case of Hydatid Tumour and Abscess in the Liver.* Edin. Med. J., March, 1860, p. 841.

Moore, W.—*Suppressed Secretion of Bile, Jaundice, Coma, Convulsions, and Delirium. Recovery.* Dublin Hosp. Gaz., March 1st, 1860.

Haller, C., and Klob.—*A Case of Pancreatitis.* Ztschr. d. Ges. d. Aerzte, No. 37, 1859. Brit. and For. Med.-Chir. Rev., April. p. 543.

Neumann.—*On the Origin and Extension of Cancerous Masses in the Liver.* Königs. Med. Jahrb. ii, 1859. Schmidt's Jahrb., Vol. 106, p. 21.

Desbarreaux-Bernard.—*Epidemic of Catarrhal Orchitis at Toulouse.* J. de Toulouse, Aug., 1859. Schmidt's Jahrb., Vol. 106, p. 45.

Peacock.—*Case of Bronzed Skin; Death; Disease of both Supra Renal Capsules.* Med. T. and Gaz., May 1st, 1860.

Crossman, E.—*Diseased Supra-renal Capsules unconnected with Bronzed Skin.*—Brit. Med. J., May 12th.

Hirschsprung.—*Case of Villous Cancer of the Bladder, Uræmia, Excretion of Urea upon the Skin.* Dublin Hosp. Gaz., May 15th, June 1st.

Corfe.—*Observations on the Treatment of Acute and Chronic Albuminuria.* Lancet, May 19th.

Johnson.—*Case of Moveable Kidney.* Med. T. and Gaz., Jan. 7th, 1860.

Meinhard.—*On Bromide of Potassium in Vesical Catarrh.* Med. Ztg. Russl. 20, 1859. Schmidt's Jahrb., Vol. 105, p. 51.

Kennedy.—*Three Cases of Moveable Kidney.* Dublin Hosp. Gaz., Feb. 2nd, 1860.

Brattler.—*Abstract of his Paper on Morbid Urology.* Dublin Q. J. of Med. Sc., Feb., 1860.

Mirror.—4 *Cases of Hepatic Abscess punctured externally.* Lancet, Feb. 18th, 1860.

L. Marcq.—*Case of Fatty Degeneration and Acute Softening of the Liver.* Press. Méd. 34, 1859. Schmidt's Jahrb., Vol. 105, p. 187.

Oppolzer.—*On Induration of the Liver.* Allg. Wien. Med. Ztg., 46, 1859. Schmidt's Jahrb., Vol. 106, p. 178.

Simon Max.—*Abscess of the Liver discharging into the Bronchi.* Bull. de Thérap. lvii, Oct., 1859. Schmidt's Jahrb., Vol. 106, p. 178.

Traube and Munk.—*Abscess of the Liver with Metastatic Abscesses in the Lungs, regular Intermittent Fever.* Deutsche Klinik., 50, 1859. Schmidt's Jahrb., Vol. 106, p. 179.

Dicenta.—*Studies and Experience respecting Seminal Losses.* Deutsche Klinik., 45, 1859. Schmidt's Jahrb., Vol. 106, p. 183.

Frodsham.—*On the Treatment of Goitre by the External Application of the Biniodide of Mercury (and Insolation).* Lancet, June 2nd.

Murney.—*Cases of Bronchocale successfully treated by Strychnia.* Dublin Hosp. Gaz., June 1st, 1860.

Trousseau.—*On Attacks of Gallstones.* Gaz. des Hôpit., 37, 1860. Schmidt's Jahrb., Vol. 107, p. 32.

Rigler.—*Acute Lethal Icterus from Steatosis of the Liver.* Spitals-Ztg., 5, 1860. Schmidt's Jahrb., Vol. 107, p. 35.

Munk.—*Two Cases of Renal Degeneration.* Deutsche Klinik., 1, 1860. Schmidt's Jahrb., Vol. 107, p. 42.

Trost.—*Case of Chronic Tuberculosis of the Kidneys.* Spitals-Ztg. 16, 1859. Schmidt's Jahrb., Vol. 107, p. 44.

Chuckerbutty.—*Case of Abscess of the Right Kidney.*—Lancet, July 28th.

Housley.—*Case of Bronzed Skin, or Addison's Disease.* Lancet, July 28th.

Farre.—*Extensive Hæmaturia from suspected Disease of the Kidneys consequent upon former Injury; Recovery.* Lancet, Aug. 11th.

Michell Clarke.—*Case of Epithelial Cancer of the Bladder and Kidney.* Lancet, Aug. 18th.

Three Cases of Displacement of the Spleen. Dublin Hosp. Gaz., Aug. 15th.

Three Cases of Hydatid Tumour of the Liver; Liquid removed by Paracentesis. Lancet, Sept. 1st.

Rokitansky.—*On Moveable Spleen.* Ztschr. d. Gesellch. d. Aerzte, 1860, No. 3. Brit. and For. Med.-Chir. Rev., Oct., p. 540.

Thudichum.—*On some Chemical Questions in connection with Diseases of the Liver and their Treatment.* Brit. Med. J., Oct. 13th.

Willshire.—*Clinical Remarks upon a Case of Diabetes.* Lancet, Oct. 27th.

Furnell.—*On a Case of Chronic Hepatitis with considerable Enlargement yielding to the Use of the Seton; Re-appearance of Acute Hepatitis; Formation of Abscess; Early Puncture; Recovery.* Lancet, Oct. 27th.

Thudichum.—*Is Mercury an Hepatic Specific?* Lancet, Oct. 27th.

Dupley.—*On Galopping Tuberculosis of the Testicle.* L'Union 53, 1860. Schmidt's Jahrb., Vol. 108, p. 191.

McMillan.—*Case of Rupture of the Liver, Operation, and Cure.* Lancet, Nov. 3rd.

Swinhoe.—*Diabetes treated by Hot Air-baths.* Brit. Med. J., Nov. 3rd.

Sorger.—*Karlsbad, as a Remedy in Diseases of the Liver.* Prager Vierteljahrschrift, Vol. iii, 1859. Canst. Jahrb., Vol. iii, p. 192.

INHAUSER.—*Inflammation of the Parenchyma of the Liver with deep Jaundice; Cure by Iodine Enemata.* Zeitr. d. Wiener Aerzte, No. 51, 1858. Canst. Jahrb., Vol. iii, p. 194.

GAUPP.—*On a Case of Acute Yellow Atrophy of the Liver.* Med. Corresp. Bl. d. Aerztl. Ver. in Würtemburg, No. 42, 1858. Canst. Jahrb., Vol. iii, p. 196.

REDENBACHER.—*On the Composition of Dropsical Transudations in Cirrhosis of the Liver, with especial Regard to the Amounts of Urea and Chloride of Sodium contained in them.* Canst. Jahrb., Vol. iii, p. 196.

LEMAIRE.—*Acephalo-cysts of the Liver, to the Number of more than* 400, *expelled by an Artificial Opening.* L'Union Méd., 93, 1859. Canst. Jahrb., Vol. iii, p. 197.

ROKITANSKY.—*On the accidental Production of Glandular Tumours in the Liver.* Clinique Europ., No. 14, 1859. Canst. Jahrb., Vol. iii, p. 197.

SIRY.—*Migration of a Biliary Calculus through the Abdominal Parietes.* L'Union Méd., No. 96, 1859. Canst. Jahrb., Vol. iii, p. 197.

ABEILLE.—*On temporary Albuminuria without lesion of the Kidneys occurring in a Number of different Morbid States.* Monit. des Sciences Méd. and Pharm., 36. Canst. Jahrb., Vol. iii, p. 202.

ALVARENGA.—*Albuminous Anasarca; Cure by large Doses of Tannin.* Union Méd. 90. Canst. Jahrb., Vol. iii, p. 202.

BLESSIG.—*On the Alterations taking place in the Kidneys after Ligature of the Renal Artery.* Virchow's Archiv. xvi, 1 and 2. Canst. Jahrb., Vol. iii, p. 202.

SAUVIN.—*On Amyloid Degeneration of the Kidneys.* Berlin, 1859. Canst. Jahrb., Vol. iii, p. 202.

SPENGLER.—*On the Action of the Thermæ of Ems in M. Brightii Simplex.* Gunsburg's Zeitschr. x. Canst. Jahrb., Vol. iii, p. 202.

NOTTA.—*Case of Contusion of the Kidney; Cure.* Union Méd., 54. Canst. Jahrb., Vol. iii, p. 211.

GAUCHET.—*Cases of Obliteration of the Ureters and of Hydronephrosis consecutive to Cancer of the Uterus.* Union Méd., 119. Canst. Jahrb., Vol. iii, p. 211.

DEEBREY.—*Polyuria; Efficacy of Steel.* Gaz. Méd. de Paris, Sept. Canst. Jahrb., Vol. iii, p. 211.

FRITZ.—*On Floating Kidneys.* Arch. génér., Aug. and Sept. Canst. Jahrb., Vol. iii, p. 212.

OPPOLZER.—*Floating Saccular Kidney.* Cliniq. Europ., No. 2. Canst. Jahrb., Vol. iii, p. 212.

DESCÔTES.—*Rhus Radicans employed successfully in a Case of Nocturnal Incontinence of Urine.* Canst. Jahrb., Vol. iii, p. 212.

PIEPLU FILS.—*Vesical Catarrh, with Retention of Urine, cured in a few Days by Tannin-Injections.* Gaz. des Hôpit., 119. Canst. Jahrb., Vol. iii, p. 212.

A. FABRE.—*On Cystine, its Sediments, Gravel, and Cystic Calculi.* Canst. Jahrb., Vol. iii, p. 213.

LE GENDRE AND BASTIEN.—*Atrophy probably Congenital of both Testicles.* Canst. Jahrb., Vol. iii, p. 221.

C. VAN BAMBEKE.—*On certain Vicious Habits in very Young Children.* Union Méd., 43. Canst. Jahrb., Vol. iii, p. 225.

DELEAU.—*Use of Perchloride of Iron in Spermatorrhœa and some other Affections.* Canst. Jahrb., Vol. iii, p. 225.

HICQUET.—*Diurnal Pollutions; Masturbation; previous Venereal Excesses; Contraction of the Meatus Urinaries; Incision; Cure.* Canst. Jahrb., Vol. iii, p. 225.

TARTIVEL.—*Spermatorrhœa with Impotence of several Years' Duration, resisting the most varied Treatment, cured by Hydrotherapy.* Journ. du Progrès., T. 1, No. 6. Canst. Jahrb., Vol. iii, p. 225.

ARAN.—*Dilatation and Inflammation of the Biliary Passages, and Atrophy of the Liver, in consequence of Retention of Bile.* Gaz. des Hôpit., 75, 1860. Schmidt's Jahrb., Vol. 108, p. 315.

HOPPE.—*Pain of the Testis cured by Ungt. Cupri Oxydi.* Pr. Ver. Ztg., N. F. iii, 32, 1860. Schmidt's Jahrb., Vol. 108, p. 322.

KNODE.—*A Case of degenerated Bronchocele of enormous Size cured by Medical and Surgical Treatment.* N. Amer. Med. Chir.-Rev., Jan., 1860.

LOPEZ.—*Case of Milky Urine (chylous).* N. Amer. Med. Chir. Rev., March, 1860.

MONNERET.—*On Essential Hæmorrhagic Icterus.* Le Progrès. Ann. par Jamain, 1860, p. 66.

JACKSON, G.—*Case of considerable Enlargement of Spleen and Liver, unattended by any Local Uneasiness during Life; Leucocythemia; Death from Hæmorrhage.* Med. T. and Gaz., Dec. 29th.

BURTON.—*Total Suppression of Urine for 8 Days; Consciousness retained till within 8 Hours of Death.* Brit. Med. J., Dec. 29th.

DARRACH.—*A peculiar Fungus observed in Saccharine Urine.* Amer. Q. J. of Med. Sc., Oct., 1860, p. 421

BRISTOWE.—*On Renal Abscess.* Lond. Med. Rev., Nov., 1860.

ROKITANSKY.—*On Fatal Steatosis of the Liver and Kidneys.* Brit. and For. Med. Ch. Rev., Jan. 1860. Zeitschr. d. Gesellch. d. Aerzte zu Wien., No. 32, 1859.

Rokitansky states that, in subjects who are inclined to an excessive formation of fat, we meet with fatty degeneration of the liver, with which, sooner or later, fatty degeneration of the kidneys is associated; both gradually and imperceptibly attain so high a degree of development that at last the biliary and renal secretions cease, and death ensues speedily after the occurrence of slight icterus from uræmia and hæmorrhagic decomposition of the blood. He gives three illustrative cases: Dr. Sieveking adds a case of acute fatty degeneration of the liver occurring at Brussels

LANCET, Jan. 7th, 1860.

Three cases of leucocythemia splenica are recorded. Two of them had never had ague, and in the third the attack was of twelve years' date, and he had enjoyed good health subsequently. All the patients were more or less pallid, but in none was there the extreme anæmia of anæmia lymphatica, nor was there lymphatic-gland hypertrophy. In all the cases the excess of white corpuscles was demonstrated. One case proved fatal, the others were slightly relieved by treatment. Dr. Ogle reports also a case of enlargement of the lymphatic glands throughout the body, with peculiar deposits in the liver and spleen, and peculiar cell-formations in the blood. The spleen weighed 4 lbs., was of a dark bluish brown colour. The liver was also much enlarged. The kidneys were granular. The deposits in the liver and spleen presented exactly the same elements as were found in the enlarged lymph glands. Dr. Ogle records also a case of enormous enlargement of the various lymph glands throughout the body.

BASHAM.—*Clinical Lecture on Renal Abscess.* Lancet, Jan. 14th.

Basham in a clinical lecture on renal abscess, relates a case at length in which the symptoms pointed very plainly to the existence of a calculus in one kidney, there causing inflammation and purulent accumulation. The urine, which usually contained pus in notable quantity, now and then for several days together became quite clear, during which time the patient suffered from a sense of tightness, distress, and tenderness in the left lumbar region, with sympathetic pains in the groin and lower abdomen. These symptoms were immediately relieved by the re-appearance of pus in the urine. During the period when the ureter of the diseased kidney was obstructed, and the pus accumulated in the pelvis, the left lumbar region became sensibly fuller, the left iliac space filled up, the abdomen became larger to the left side and unsymmetrical. A distinct sense of fluctuation could be detected, and the most acute suffering was induced by making pressure on the left side, the pain always darting pungently to the pubes in the direction of the neck of the bladder.

HARE.—*On Moveable Kidneys.* Med. T. and G., Jan. 14th.

Hare publishes some additional observations on moveable kidneys. Referring to his former paper on the subject, and to that of M. Fritz, he states that these give altogether a total of 40 cases more or less perfectly recorded of persons affected with mobility of the kidney. Of these 35 were females, and 5 males. It appears that the right kidney is much more liable to be moveable than the left, and it is unusual for both kidneys to be moveable. This was observed in only 8 out of 35 cases, but Dr. Hare is inclined to think that in some instances the mobility of one of the kidneys may have been overlooked.

TESTELIN.—*On Syphilitic Affection of the Liver.* Journ. de Brux., May, 1859. Schmidt's Jahrb., Vol. 105, p. 50.

Testelin comes to the following conclusions respecting syphilitic affection of the liver. (1) In the majority of cases the high mortality of suckling children, affected with hereditary syphilis, depends on specific disease of the liver. (2) This morbid alteration, characterised in the dead body by the presence of fibro-plastic elements in the parenchyma, reveals itself during life by disturbance of the digestive canal co-existing with the ordinary signs of hereditary syphilis, and by a considerable enlargement of the liver demonstrable by palpation or percussion. (3) In most cases of syphilitic liver-affection death is caused by a suddenly supervening peritonitis. (4) In rare cases death can also be caused by passive hæmorrhages, which may depend partly on the crasis of the blood, partly on the disturbance of the circulation occasioned by the liver affection.

Basham.—*On the curability of Renal Dropsy.* Lancet, Jan. 28th.

Basham details, in a clinical lecture, a case of acute renal congestion, attended with considerable dropsy which yielded to dry cupping, warm baths, and a diaphoretic mixture containing tr. digitalis. The patient afterwards took Tr. Ferri Muriat. and recovered his health completely, the urine, however, still presenting traces of albumen.

Case of bronzed skin disease with destruction of the supra renal capsules, recorded by Mr. Leeming. Med. T. and Gaz., Jan. 28th.

Pfaffer.—*The Therapeutical use of Bromide of Potassium.* L'Union 102, 1859. Schmidt's Jahrb., Vol. 105, p. 172.

Pfaffer confirms the observations of Thielmann relative to the therapeutic action of bromide of potassium. He found it to exert a manifest sedative action upon the urinary and genital organs.

Breithaupt and Trost.—*Cases of acute Atrophy of the Liver.* Schmidt's Jahrb., Vol. 105, p. 185. Pr. Ver. Ztg. N. F. ii, 39 and 40, 1859. Spitals. Ztg. 18, 1859.

Breithaupt and Trost's case was observed at Coblentz; the subject was a muscular soldier. There is nothing very particular in the history of the illness. At the autopsy the brain was found soft and pale, there was an extravasated patch of the size of a groschen in the falx, and several small ones beneath the visceral pericardium. Extravasation had also occurred in the folds of the peritonium. Frost's case is related in more detail, the subject was a young female, who suffered with some degree of jaundice for three months before serious symptoms set in. The cerebral membranes contained much blood; the substance of the brain was swollen, soft, almost fluctuating, full of serum, and moderately injected. The lateral ventricles were filled with pale red serum, and their lining membrane softened. The muscular fibres of the heart, and the tubuli of the kidneys, were in an advanced stage of fatty degeneration. The liver was notably shrunken, and in a state of fatty decay, its cells altered and breaking up. The portal blood, and the cystic bile contained leucin and tyrosin; in the former there was also an increase of the volatile and fixed acids.

Hare.—*On the diagnosis of Cancerous and some other Tumours of the Liver.* Lancet, March 3rd, 1859.

Hare states that scirrho-encephaloid is the most common form of cancerous tumour in the liver, especially occurring in disseminated masses. In very rare cases cancer is combined with cirrhosis. The weight is usually much increased. The form is not much altered. The physical signs are described in detail.

Monneret.—*Remarks respecting a complex disease of the Spleen.* Archiv. Gén. Nov. p. 513, 1859. Schmidt's Jahrb., Vol. 105, p. 307.

Monneret relates a case in which a male, æt. 67, after an illness of about nine months, died with a greatly enlarged spleen, all the other organs, except the supra-renal capsules, being sound. The spleen was hard, much congested, in some parts infiltrated with fibrine, in others containing encysted collections of pus, in others again circumscribed extravasations of blood. The supra-renal capsules were in a state of pulpy softening. The patient had not suffered from ague. The white corpuscles of the blood were not in excess.

Beraud.—*Variolous Orchitis and Ovaritis.* Amer. J. of Med. Sc., April, 1860, p. 522.

Variolous orchitis, according to Beraud, may be either peripheric, or parenchymatous. Both testes are commonly affected, the left most seriously. Spontaneous resolution usually occurs. Variolous ovaritis has been less frequently observed.

G. Budd.—*On the Treatment of Hydatid Tumours of the Liver.* Med. T. and Gaz., May 19th.

G. Budd relates a case in which he withdrew 156 ounces of liquid from an hydatid tumour in the liver by means of a fine exploring trocar adapted to a double acting stomach pump syringe. The operation gave vast relief, was followed by no ill effects, and up to the date of publication the liquid had not again accumulated.

Murney.—*Cases of Bronchocele successfully treated by Strychnia.* Dublin Hosp. Gaz., June 1st, 1860.

Murney records 3 cases of thyroid enlargement occurring in females, in two of which the gland was greatly reduced in size by the administration of strychnia, and in the third improvement had commenced. In the second there was also proptosis and palpitation of the heart. Murney believes that most of our cases of bronchocele are the result of impaired innervation, or of a perverted action of the nervous system.

Budd, G.—*On Jaundice combined with Ascites.* Med. T. and Gaz., June 16th.

Budd, G., considers at some length the various causes that produce jaundice by obstructing the bile duct, and which may also occasion ascites, and points out the circumstances which make the diagnosis often very doubtful. When jaundice co-exists with ascites the probability is considerable that both are produced by the pressure of an adjacent tumour which is often cancerous.

Leubuscher.—*Contributions to the pathology of Diabetes Mellitus.* Archiv. f. pathol. Anat. Vol. 18, Part 1 and 2. Brit. and For. Med.-Chir. Rev., April, 1860.

Leubuscher's patient was a girl, æt. 19, who was under his observation till her death, a period of more than ten months. The results of his observations are as follows: (1) The temperature of the skin was always below the normal figure, being only 95° F., and even under an acute affection reaching only 96° F. (2) The amount of urine excreted many times exceeded the quantity of liquid taken. (3) With a mixed diet, containing much starchy matter, and water being taken freely, the quantity of Cl. Na. and of urea excreted in 24 hours considerably exceeds the normal proportion. There is a great amount of sugar. (4) A preponderance of meat increases the quantity of urea, and diminishes that of sugar, without essentially influencing that of common salt. (5) The free use of milk with mixed diet does not produce any change in the quantities of sugar, chloride of sodium, and urea excreted. (6) The ingestion of alcoholic drinks, with predominant protein-food considerably increases the excretion of sugar; the quantity of urea is diminished, that of Cl. Na. remains unchanged. (7) With mixed diet, plenty of meat, Ojss. of good brown beer, lactate of iron afforded a mean amount of sugar, the urea and Cl. Na. remaining the same. (8) With same diet pepsin in gr. x. doses *bis die* seemed to diminish the quantity of urine, but its sp. gr. was higher, all the constituents, sugar, urea, and Cl. Na. were both relatively and absolutely increased. (9) Benzoin given as benzoic acid, or its salts had no notable effect on the urine; but from observations made on another patient it seems proved that it undergoes the usual change into hippuric acid. After death (from pneumonia) the blood was found of a milky aspect, and contained a large quantity of free fat and white corpuscles, as well as of sugar, and some urea.

Griesinger.—*On Diabetes.* Archiv. für physiolog. Heilk. Edin. Med. J., Sept. 1860.

Griesinger analyses 225 recorded cases, including 8 of his own. In 20 the disease appeared to be of traumatic origin. A vegetable diet, especially if containing much starchy matter, was markedly influential in its production. The males were 172, the females 53. The disease mostly occurred from 20 to 40. Tuberculosis occurred in the majority, and there was also observed a marked tendency to suppurative or gangrenous inflammations. The free administration of Sodæ Bicarb. (℥ss in the day), and an animal diet are the means he advises in the matter of treatment.

Genouville.—*On grave essential Icterus.* Paris, 1859. Canst. Jahrb., Vol. iii, p. 192.

Genouville considers it established, that the degeneration of the liver is not sufficient to account for the disease, there must also be an alteration of the blood. Which of these two is the primary change he does not decide. The kidneys are also diseased in almost all cases, but no other organ. To the presence of leucin and tyrosin in the liver he attaches no special importance, as they are found in many other diseased states.

Bertulus.—*Clinical lectures on Diseases of the Liver.* Gaz. des Hôpit. No. 17, 20, 26, 1859. Canst. Jahrb., Vol. iii, p. 194.

Bertulus states, that he finds the blood of patients suffering with hepatic phthisis (the result of latent inflammation), notably deficient in fibrine, fat, and albumen, while the cholesterine is increased, and the phosphates are entirely absent. This state may be cured without much difficulty by vegetable and milk diet, quinine and iron. He considers at some length the diagnosis of bilious fever and hepatitis.

Wallmann.—*Contributions to the statistics of Granular Disease of the Liver.* Œster. Zeitschr. für prakt. Heilkunde, No. 9, 1859. Canst. Jahrb., Vol. iii, p. 196.

Wallmann observed 1 case of granular disease among every 54·16 autopsies, at the military p. m. room at Vienna, and found among 24 cases, 8 of partial, and 16 of total degeneration. In 13 cases there was icteric tinging of the skin; in 21 ascites or other dropsy; in 19 splenic enlargement; in 13 diseased conditions of the heart and vessels; in 8 pneumonia. Spirit drinking did not appear to be a frequent cause, disease of the heart was much more. Most of the cases were under æt. 30; 22 were males.

Kletzinsky.—*On Lithodialysis.* Œster Zeitsch. f. prakt. Heilk. No. 11. Canst. Jahrb., Vol. iii, p. 213.

Kletzinsky concludes from his trials that no effectual means of dissolving urinary concretions in the living body, can yet be said to exist.

Segalas.—*On the use of Nitrate of Silver in certain Chronic Diseases of the Genito-urinary Organs.* Union Med. 42, 45, 48. Canst. Jahrb., Vol. iii, p. 217.

Segalas recommends lunar caustic in strictures and false passages; also in "pertes seminales," and in catarrh of the bladder.

Friedberg.—*On a case of Struma Cystica.* Virch. Archiv., Vol. 16, 1859. Canst. Jahrb., Vol. iii, p. 256.

In Friedberg's case a goitre pressed upon the larynx and trachea displacing them to the left, the right St. Cl. mastoid muscle to the right. The vertical movement of the thyroid cartilage on the cricoid was impeded, and the voice (probably in consequence) was deep and harsh, and after a few sentences had been uttered became hoarse and jarring. The glottis being unduly open, the pressure of the air on the surface of the air cells was diminished, and in consequence the flow of blood to the lungs was increased, and the return current diminished. After an operation for the removal of the tumour, the voice became in 8 days clear and sound; the difficulty in breathing and speaking vanished; the pulmonary catarrh ceased; and on the 14th day the patient was discharged.

Lotzbeck.—*Surgical Report from the Clinic of Prof. v. Bruns, in Tübingen.* Deutsche Klinik, No. 6, 1859. Canst. Jahrb., Vol. iii, p. 256.

After an account of several cases of thyroideal cancer, Lotzbeck describes the treatment of struma cystica by iodine injections, which has proved extremely successful. The proceeding seems to be identical with that used in ovarian cysts.

Dickinson.—*On diseases of the Kidney accompanied by Albuminuria, considered in relation to their Origin in change occurring in the Tubes or in the Inter-tubular Structure.* Med.-Chir. Trans., 1860, p. 226.

Under the term tubular disease, Dickinson includes all the varieties of the large smooth kidney, of which the pathology essentially consists in increased epithelial growth, depending on inflammation or some allied condition. In about half the number of specimens examined, indications of wasting and shrinking were observed, although the size of the organ was still excessive. The granular form of disease Dickinson states is produced by an intertubular effusion which becomes organised into fibrous tissue, and by its shrinking causes contraction and atrophy. From experiments performed to ascertain the amount of water that flowed through the vascular system of healthy, enlarged, and contracted kidneys, it resulted that the average of 13 healthy was 119 oz., of 5 enlarged 90·5 oz., of 6 contracted 25·1 oz.

Wunderlich.—*The Clinical peculiarities, and the import of pernicious Jaundice running an Acute Course.* Arch. d. Heilk. i., 3, p. 205, 1860. Schmidt's Jahrb., Vol. 107, p. 32.

Wunderlich divides the cases he proposes to consider into 6 groups. In (1) the pernicious symptoms are only prodromata, and cease on the appearance of the jaundice. In (2) the disease begins with grave symptoms, jaundice soon appears, and death. No local alterations are found on examination. In (3) the disease runs a similar rapid course, and the liver is found diminished in size, and its tissue in a state of molecular destruction. Other organs, especially the brain and spleen, are also softened. In (4) the course of the disease is similar, but the jaundice less, and after death the liver is found enlarged and very fatty. In (5) the liver contains multiple abscesses, the result of a primary suppurative hepatitis. In (6) the cases resemble those of primary pernicious jaundice, but end in recovery. Wunderlich is inclined to look on the disease as one affecting the whole system, and states that the jaundice is by no means an essential symptom.

Oppolzer.—*Case of Acute Atrophy of the Liver.* Spitals-Ztg. 6-9, 1860. Schmidt's Jahrb., Vol. 107, p. 34.

In Oppolzer's case there was partial fatty degeneration of the sheaths of the cerebral vessels; the fibres of the heart were fattily degenerated; the liver cells were destroyed, and amid the débris were leucin and fat globules; the epithelium of the urinary tubules was in a state of fatty degeneration. In the liver there was no bile or sugar; in the blood there was urea, carbonate of ammonia, and bilin in small quantity, leucin and tyrosin in a large amount; no sugar.

Boinet and **Leudet.**—*On the Treatment of Hydatids of the Liver.* Rev. de Thérap. Med.-Chir. 3-8, 1859. L'Union, 90, 1859. Schmidt's Jahrb., Vol. 107, p. 35.

Boinet thinks that by his mode of procedure the contents of hydatid cysts may be safely evacuated. He first punctures with an exploratory trocar, by which he continues to evacuate the liquid if it is clear and aqueous, only taking care on withdrawing the trocar to keep the abdominal wall pressed against the tumour for some minutes, and subsequently to insist on the recumbent position being observed for 36-48 hours (on the back). If the contents are purulent a larger trocar is to be introduced, through the canula of which a close fitting elastic catheter is to be passed and left in the wound, the canula being then removed. In these cases he also injects Tr. Iodinii, which he leaves 8—10 minutes in the sac.—Leudet recommends Recamier's mode of previously applying caustic. Boinet has operated successfully 14 times.

Wagner.—*Contribution to the Patholog. Anatomy of the Liver in Abdominal Typhus.* Arch. de Heilk., i. 1860. Schmidt's Jahrb., Vol. 108, p. 25.

Wagner finds in the interlobular areolar tissue of the liver, in cases of typhoid fever, agglomerations of numerous glistening nuclei, which he believes to cause, by pressure, destruction of the adjacent hepatic cells.

Jacksch.—*On Uræmia.* Prag. Vierteljahrschr, No. 66, p. 143. Schmidt's Jahrb., Vol. 108, p. 36.

Jacksch, admitting the existence of an ammoniacal state of blood in M. Brightii, at least in certain cases, distinguishes it from the true ammoniæmia depending on the resorption of decomposing urine from the urinary passages by the following circumstances:—(1.) In true amm., the urine in the bladder is pungently ammoniacal, which is never the case in the highest degrees of uræmia from M. Brightii. (2.) In true amm. there is no dropsy. (3.) In severe amm. there is an evident dry state of the mucous membrane of the mouth, throat, nose, larynx, and conjunctiva, which is absent in uræmia. (4.) In chronic amm. there are evident ammoniacal exhalations from the lungs and skin; in uræmia, even when the secretion of urine is arrested and sopor exists, they are but scanty. (5.) In amm., with signs of gastric disorder, there is always a continual nausea and loathing of animal food, which is rare in uræmia. (6.) In amm. violent intermitting rigors occur, which are absent in uræmia. (7.) In amm. there are no epileptoid attacks, or croupous exudations on the mucous surfaces of the mouth, throat, air-passages, serous membranes, and skin. (8.) Neither are there in amm. the retinal exudations of uræmia. (9.) Chronic amm. constantly induces an earthy pallor of the skin, and a progressive emaciation, especially of the fat and muscles. (10.) In acute and severe amm. there is constantly vomiting with diarrhœa, which is often absent in chronic, or of brief duration. (11.) In amm., whether acute or chronic, death ensues on coma lasting for several hours or days. Jacksch has observed amm. in cases of torpor and paralysis of the bladder, of dilatation of the renal pelves when the ureters have been blocked up, of renal abscesses, tubercles, and sacculated kidneys. He dissents from Treitz's view of cholera typhoid, and adopts rather that of Buhl, that the retention of the urea, &c., does not depend chiefly on the state of the kidneys, but on the loss of water and chloride of sodium, which interferes with its removal from the tissues where it is formed.

Eulenberg.—*Patholog. Researches regarding the Thyroid Gland.* Brit. and For. Med.-Ch. Rev., Oct. 1860.

Eulenberg distinguishes three chief forms of goitre. (1) Struma glandulosa; (2) struma vasculosa; (3) struma fibrosa. Of the first there are the following varieties:—(*a*) Str. gland. hypertroph; (*b*) str.

gland. parenchym; (*c*) str. cystica. Of the second there is the congestive variety, the same with varicose and aneurismatic vessels, and the inflammatory. To these may be added the aneurismatic form.

Eade.—*Case of Diabetes Insipidus with Analysis of the Urine.* Beale's Archives of Med., No. 5.

In Eade's case the quantity of urine passed exceeded by about 1 pint that of the fluid drank. It varied in sp. gr. from 1005 to 1018, and contained 5·5 to 20·1 parts of urea per 1000. He was much benefited by a prolonged course of steel. Diarrhœa was a marked symptom, as well as thirst. A short account is given of another case with a p.m., in which the chief morbid 'find' was dilatation of the ureters and renal calyces with a columnated state of the bladder, no apparent cause of obstruction being present.

Inman.—*The Action of Mercury on the Liver.* Brit. Med. J., Oct. 20th.

Inman questions the power of calomel, &c., to produce an increased flow of bile.

Beer.—*The Connective Tissue of the Human Kidney.* Berlin, 1859. Canst. Jahbr., Vol. ii, p. 38.

Beer gives a very detailed account of the morbid changes taking place in the 'matrix' of the kidney, the limitary membrane of the tubes, and the malpighian capillaries. He describes simple, and cellular, interstitial hypertrophy of the matrix, one kind of the former being peculiar to variola. The latter, he says, is a completely regressive metamorphosis, consisting essentially in the development of cells in the interior of the connective tissue corpuscles. In both forms fatty degeneration may ensue as a subsequent change. The limitary membranes of the tubes may be simply hypertrophied, or thickened by change into a gelatinoid, soft substance, or converted into streaky connective tissue. Calcareous and amyloid degeneration may also affect it. The malpighian capillaries are liable to have their channel obstructed by increase of their nuclei and thickening of their walls.

Roberts.—*Notes on the Treatment of Diabetes.* Brit. Med. J., Nov. 10th and 17th.

Roberts records 4 cases of diabetes, in which the great value of a diet as free as possible from saccharine and starchy food was exceedingly marked. In case 1 opium was of great use, not as diminishing the excretion of sugar, but sustaining the general power. In all the cases bran cakes or gluten bread were of great advantage. Pepsine (rennet) was given in the 4th case, but without any special advantage. Roberts, from a review of the saccharine treatment, is by no means disposed to recommend it, yet suggests that cane-sugar may prove in certain proportions not only not injurious, but positively advantageous as a substitute for starch.

Becquerel, A.—*Clinical Researches on Albuminuria.* Clinique Europ., 6, 7, 11, 14, 15, 19, 27. Canst. Jahrb., Vol. iii, p. 202.

Becquerel lays it down as a law that whenever albumen is present in the urine, the cause is not to be looked for in an alteration of the blood, but of the kidneys, especially of their cortical substance. He shows that the dropsical effusions in heart disease contain more solid matter than those of acute M. Brightii, and the latter more than those of the chronic form.

GODARD, E.—*Researches on Fatty Encroachment on the Kidney.* Gaz. Méd. de Paris, 25 and 26. Canst. Jahrb., Vol. iii, p. 202.

Godard describes particularly the encroaching growth of adipose tissue, attendant upon obstruction of the ureter by a calculus, which penetrates between the mucous membrane and pyramids, and occasions gradual atrophy of the kidney.

OPPOLZER.—*Treatment of Bright's Disease.* Clinique Europ. 13. Canst. Jahrb., Vol. iii, p. 202.

Oppolzer attaches most importance to a judicious dietetic regimen in the acute stage of the disease. If inflammatory or convulsive complications appear he resorts to v.s., or in the commencement of the latter to chloroform inhalation, stopping short of complete narcotism. He also uses cold affusion to the head. He has found no benefit from the administration of acids, except in one case of infiltration of urine.

RICHARDSON.—*On Uræmia.* Brit. Med. J., Nov. 10th.

Richardson believes that in uræmic poisoning an ammonia-compound accumulates in the blood and causes the narcotism, &c. The breath contains an excess of ammonia, except in cases where the compensatory eliminative function of the lung has become suppressed. Richardson ascribes the fatal asphyxia to the influence of ammonia in arresting the capacity of the venous blood for absorbing oxygen. When uræmic symptoms are urgent, Richardson advises v. s., which will remove some of the poison, diminish internal congestion, and liberate secretion. Purging and diaphoresis are also advisable.

HERRMANN.—*On the Influence of Dilution of the Blood on the Secretion of Urine.* Virch. Archiv., Vol. xvii. Canst. Jahrb., Vol. ii, p. 67.

Herrmann's results were that so long as the composition of the blood plasma is not essentially altered by the exit of certain materials from the blood cells, the urine contained no albumen. When a greater degree of dilution was effected albumen passed into the urine, but always along with blood pigment. Herrmann regards this albumen as derived from the blood cells, and not from the serum, on the ground of its amount of iron.

SCHWARTZ.—*On Morb. Brightii; Affection of the Kidneys in connection with Typhus.* Beiträge zur Heilkunde herausgegebene, v. d. Ges. pract. Aerzte zu Riga, iv, 2. Canst. Jahrb., Vol. iii, p. 203.

Schwartz describes this state as originating either from retention of urine inducing pyelitis and small abscesses in the kidney, or from the hyperæmia of the typhus passing into exudation and true Morb. Bright. The two forms may be combined, as in a case he gives.

TRAUBE.—*On Bacony Degeneration of the Kidneys.* Deutsche Klinik, 1, 7, 8. Canst. Jahrb., Vol. iii, p. 203.

Traube diagnoses the above state from pale, light, clear, albuminous urine concurring with traces of constit. syphilis, old disease of the bones, or chronic pulmon. tuberculosis, but consecutive to them. Enlargement of the spleen or liver not the result of ague, or diarrhœa not ascribable to intestinal ulceration, strengthens the diagnosis. Hypertrophy or dilatation of the left ventricle, if the before-named conditions exist, points also to the same conclusion. The urine may be highly albuminous, red, and heavy when the kidneys are in a state of bacony degeneration during the existence of acute pyrexia, or of considerable relaxation of the arterial system from derangements in the circulatory and respiratory appparatus.

WITTICH, V.—*Albuminuria and the Secretion of Urine.* Königsberg. Med. Jahrb., ii, 1. Canst. Jahrb., Vol. iii, p. 203.

The results of Wittich's experiments are opposed to those of Heynsius. Exosmosis of blood serum took place most freely to acid urine. Heynsius regarded the acidity of the urine as the cause of the non-escape of albumen from the blood in the capillaries.

DURHAM.—*Misplacement and Mobility of the Kidneys in reference to the Diagnosis of Abdominal Tumours.* Guy's Hosp. Reports, Vol. vi, p. 404.

Durham has collected 10 cases in which the condition in question has been actually proved to exist by post-mortem examination; 2 of these cases under his own observation. He remarks that the left kidney is more liable to fixed misplacement than the right, but that the latter is more frequently moveable than the left. Mobility of the kidneys may be congenital, but in the majority of cases it is probably produced by tight lacing, the dragging of a hernia, frequent pregnancies, &c. It is more common in women than in men.

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Hebra.—*Anomalous Pigment Formation of the Skin.* Allgem. Wien. Med. Ztz., 1859, 52. Canst. Jahrb., Vol. iii, p. 322.

Lebert.—*On Dermoid Cysts.* Prager Vierteljahrschr. lx, p. 25—49. Canst. Jahrb., Vol. iii, p. 323.

Heymann.—*Case of Tuberculous Lepra.* Virchow's Archiv. xvi, 1 and 2. Canst. Jahrb., Vol. iii, p. 325.

Gibert.—*Cure of an inveterate Lupus by inoculation with the matter of Secondary Syphilis.* Gaz. des Hôpit. 1859, 144. Canst. Jahrb., Vol. iii, p. 325.

Delafond and Bourguignon.—*Researches respecting the Itch Animalcules in Man and Animals.* Gaz. Méd. de Paris, 1859, p. 233. Canst. Jahrb., Vol. iii, p. 326.

Robin.—*Researches respecting the Sarcoptes of the Itch in Man.* Gaz. Méd. de Paris, 1859, p. 452. Canst. Jahrb., Vol. iii, p. 326.

Hebra.—*Report from the Clinic for Skin Diseases, by Dr. Müllner.* Wiener Spitalzeitung, 1859. Canst. Jahrb., Vol. iii, p. 326.

Readen.—*Report respecting the Section for Syphilitic and Cutan. Dis. of the Garrison Hospital at Vienna.* Wiener Spitalzeitung., 1859. Canst. Jahrb., Vol. iii, p. 326.

Lotzbeck.—*A Case of Perspiratory Gland Tumour on the Cheek.* Virchow's Archiv., xvi, 1 and 2, 1859. Canst. Jahrb., Vol. iii, p. 326.

Parrot.—*Study of Sanguineous Sweating and Neuropathic Hæmorrhages.* Gaz. Hebdom., 1859, p. 633 Canst. Jahrb., Vol. iii, p. 326.

Hyrtl.—*Anal Cysts and Blind Hæmorrhoids.* Oesterr. Zeitschr. f. prakt. Heilkde., 1859, 49. Canst. Jahrb., Vol. iii, p. 328.

Rodet.—*On the Treatment of Acne.* Med.-Chir. Monatshefte, 1859, Oct. Canst. Jahrb., Vol. iii, p. 330.

Malagot.—*Sulphuret of Calcium in Tinea Capitis.* Journ. des Conn. Med. 1859, Jan. 20. Canst. Jahrb., Vol. iii, p. 334.

Kopczynski.—*Plica Polonica.* Wien. Med. Wochenschr., 1859. Canst. Jahrb., Vol. iii, p. 334.

Leviseur.—*Plica Polonica.* Deutsche Klinik, 1859. Canst. Jahrb., Vol. iii, p. 334.

Raciborski.—*Plica Polonica.* Gaz. Méd. de Paris, 1859, p. 143. Canst. Jahrb., Vol. iii, p. 334.

Hoffmann.—*Plica Polonica among the Insane.* Allgem. Zeitschr. f. Psychiatrie, xvi, 1. Canst. Jahrb., Vol. iii, p. 334.

Brown-Sequard.—*On the influence of the Nervous System on the Nutrition of the Skin.* Journ. de la Physiol., ii. Canst. Jahrb., Vol. iii, p. 335.

Imbert-Gourbeyre.—*Memoir on Pruritus Vulvæ, and its Treatment by Arsenic.* Gaz. Hebdom., 1859, 4. Canst. Jahrb., Vol. iii, p. 335.

Koch.—*Cure of a Case of inveterate Pruritus Vulvæ by Fowler's Solution.* Wurtemberg. Corresp. blatt., 1859, 12. Canst. Jahrb., Vol. iii, p. 335.

Webster.—*Brief Notes of a Visit to the Leper Hospital at Granada.* Med.-Chir. Tran., 1860, p. 27.

Herbert Barker.—*Severe Urticaria, produced by some of the Setaceous Larvæ.* Brit. Med. J., Dec. 22.

CUTANEOUS SYSTEM.

Gaffard.—*On Treatment of Excessive and Fetid Perspiration of Feet.* Edin. Med. J., Jan., 1860. Bull. Gen. de Thèrap., Oct. 1859.

Gaffard recommends a mixture of 15 grains of red oxide of lead and about 1 ounce of the solution of subacetate of lead, as an application to feet which are the seat of excessive and fetid perspiration. In most cases it is sufficient to bathe the feet with this every 8 days.

Coles.—*On Aden or Yemen Ulcer.* Trans. Med. and Phys. Soc. of Bombay, No. IV, N.S. Brit. and For. Med.-Ch. Rev., Jan. 1860.

Coles contributes information relative to the Aden or Yemen ulcer. Dr. Craig, whom he quotes, does not attribute it to scurvy, but to general cachexia of the muscular and vascular systems and to a watery state of the blood. Accumulation of similar cases in a foul hospital was looked upon as the chief cause of the mortality, and after the practice was adopted of dispersing the patients, the disease was arrested.

Madden.—*On the Turkish Bath.* Dublin Hosp. Gaz., Jan. 16th.

Madden gives a detailed account of his experience of the Turkish bath as he had it administered in the East. He contrasts this with the so-called Turkish baths which have been established in this country, insisting especially on the positively injurious effects of heated dry air used in the latter, and strongly recommending the Turkish mode, in which the air of the bathing apartment is densely charged with vapour. He concludes his communication as follows: "Altogether the conviction left on my mind is that the action of the heart is greatly affected by the heated dry air bath, that the circulation is almost invariably accelerated to an extent which is inconvenient and unfavorable to a healthy state of body, and an undisturbed condition of the mental faculties during the time that the bather is exposed to an heat of 130° (never under that temperature) in the principal bath department; that where there is a tendency to disease of the heart, peritoneal or organic, to congestion of that organ, or the brain, or the lungs, or the liver, the acceleration of the pulse and excitement of the whole nervous system, are not limited to the period of remaining in the bath, but extend to periods of several hours, varying from 3 to 5 and even 7 or 8 hours subsequently to the use of the bath; and lastly, that the feeling of composure and exhilaration, which are so characteristic of the effects of the Turkish Hammaâm of heated humid air, are not to be expected in any commensurate degree as results or accompaniments of the use of the baths recently established in this country, wherein parched dry air, contaminated with the effluvia of coke in a state of combustion, is substituted for pure air, hot and humid, which is peculiarly adapted to cause extensive and uniform perspiration."

Moore.—*Cases of Squamous Disease.* Dublin Hosp. Gaz., Jan. 16th.

Moore records several cases of Psoriasis and Pityriasis successfully treated by Extr. laricis internally and externally with bran baths, conjoined in 2 cases with biniodide of mercury, or iodide of arsenic.

Stokes.—*On Prevention of Pitting in Small-Pox.* Dublin Q. J. of Med. Sc., Feb., 1860.

Stokes, in his paper, arrives at the following practical conclusions: (1) That the chances of marking are much greater in the sthenic or inflammatory than in the asthenic or typhoid confluent small pox. (2) That, considering the change in the character of disease, both essential and local, observed during late years, we may explain the greater frequency of marking in former times. (3) That in the typhoid forms of the disease the treatment of the surface by an artificial covering, such as gutta-percha, or by glycerine, will often prove satisfactory. (4) That in the more active or non-typhoid forms the use of constant poulticing, and of every other method that will lessen local inflammation, seems to be the best mode of preventing the disfigurement of the face. He records one striking instance of the effect of local depletion in preventing the development of eruption. A healthy young woman was freely leeched on the forehead for intense headache occurring with active febrile symptoms. Much blood was drawn and much relief obtained, but soon after small pox eruption appeared, and assumed the form of most severe confluent pock on the trunk and limbs, while on the face not more than three aborted pustules made their appearance. He does not think puncturing successful unless the disease be mild, and the pustules appear and advance together without much cutaneous inflammation.

White.—*On the Use of Potash in some Cutaneous Diseases.* Med. T. and Gaz., March 3rd, 1860.

White details the application made in Germany of *schmier-seife* to various skin diseases, as mollusc. contagios., acne, eczema, scabies, prurigo, psoriasis, and pityriasis versicolor. The schmier-seife is formed by boiling fish or other animal oils with an excess of ley, composed of caustic potash and the crude carbonate. The best specimens are of a bright amber or green colour and uniformly soft consistence.

HARDY.—*On the Treatment of Prurigo.* Rev. de Ther. Med.-Chir., Feb., 1860. Edin. Med. J., April, 1860.

Hardy distinguishes Prurigo into 4 kinds, one depending upon hyperæsthesia of the skin, a second on pediculi, a third on irritant principles introduced into the blood, and a fourth symptomatic of other skin affections, as itch. In the first, he advises antispasmodic and antineuralgic remedies, with starch or gelatine baths, sometimes mildly alkaline. In partial (especially vulvar) prurigo, the most useful application is a very hot solution of hydr. bichl. (gr. ij in aq. Oi).

EISENMANN.—*On Chlorine Lotions in Variola.* Bull. de Thérap., tome 56, p. 232. Med. T. and Gaz., Feb. 11th.

Eisenmann believes that chlorine lotions to the skin, employed at the period of eruption, present the following advantages: (1) They favour the development of the eruption and thus mitigate febrile action. (2) The pustules are not too abundant and do not become confluent. (3) There is no subsidence or repercussion of the pustules observed, nor any variolous affection of the mucous membrane, or of an internal organ. (4) The patients suffer little during the height of the exanthem, preserve their appetite, and sleep well. (5) The course of the exanthem is very rapid; and there is neither suppuration with its consecutive fever, or tumefaction, salivation, &c. (6) Scabs do not arise, only thin pellicles forming, which soon fall without leaving any mark or cicatrix. (7) No consecutive affections are observed. When resorted to only *after* the eruption has taken place, the lotions produce the following effects: (1) They diminish or disperse the inflammatory condition, and accelerate the course of the exanthem. (2) They prevent its repercussion and the propagation of the variolous affection to the mucous membranes and internal organs. (3) In cases in which the mucous membranes have already become affected the lotions exert a derivative action; and if, together with them, gargarisms, chlorine inhalations, and chlorined water internally are had recourse to, the intensity of these complications is much diminished, so that recovery takes place in cases in which life seemed to have been in great danger. (4) Employed in good time, the lotions, even when the eruption has become developed, may yet prevent suppuration. If, however, this has taken place, it may still be moderated; and we find neither irritation of the skin, nor intoxication of the blood from absorption of pus, and consequently no general reaction. (5) Thin scabs only are formed, which fall off soon, only leaving temporary red marks. (6) No consecutive diseases arise.

VEIEL.—*Use of Chloride of Zinc in Skin Diseases.* Wien. Ztschr., N. F., iii, 8, 1860. Schmidt's Jahrb., Vol. 106, p. 164.

Veiel uses chloride of zinc as a solid, or as a spirituous solution (equal parts of the salt and spirit), or as a watery solution (2—10 parts of the salt to 500 of water and 10 of H.Cl.). He finds it very useful in lupus, using the stronger preparations in those cases where the disease is deep seated. In various other skin affections it is also beneficial.

GAMBERINI and THIRY.—*On Chancre.* Schmidt's Jahrb., Vol. 107, p. 45. J. de Bruxelles, xxix, Aug. 1859. Presse med. 38, 39, 1859.

Gamberini and Thiry agree that there is only one kind of chancre, which is inoculable and communicable. Thiry differs from Gamberini as to the value of induration, holding it to be essential to the development of constitutional syphilis. Neither does he believe with Gamberini that a new chancre can produce a new general infection.

HUTCHINSON.—*A Clinical Report on Rodent Ulcer.* Med. T. and Gaz., Aug. 18, 25; Sept. 8, 15, 29.

Hutchinson, after giving a series of cases of rodent ulcer, with comments on the principal points, sums up with 14 aphorisms, which we transcribe in an abbreviated form. (1) There occurs not unfrequently on the face a form of ulceration characterized by an indurated edge and a tendency to spread to adjacent structures indiscriminately, of slow progress, not painful, not inducing cachexia, and never followed by enlarged glands or visceral deposits. (2) The cell structures met with in its vicinity are not those of cancer, but of organising fibrous tissue. (3) This ulcer differs from lupus exedens in never occurring in the young, never getting well spontaneously, and having an extremely indurated ridge, without tubercles, or much congestion. (4, 5, 6, 7) This ulcer is closely allied to cancer, but yet widely different, its best designation probably is *Rodent.* (8) It is most common between the ages of 50 and 60, and is equally frequent in both sexes. (9) It is very rarely met with except on the face, and is most common on the eyelids; it has never been observed on the lower lip. (12) The younger the patient is the more rapid will be the course of the disease, and *vice versa*, and the younger the patient the more nearly is the disease allied to cancer, and the more likely to recur after removal. Left to itself it destroys life in from 10 to 25 years by exhaustion consequent on hæmorrhage, suppuration, pain, &c. (13) The best treatment is excision of the part and transplantation of skin. Escharotics may in some localities and in some stages be advisable.

OTT.—*Epidemic of Malignant Pustule at Inzenhof.* Ungar. Ztschr., xi, 2, 1860. Schmidt's Jahrb., Vol. 108, p. 39.

Ott has observed the occurrence of gangrenous furuncles and other forms of anthrax sporadically every year, in connection with ague and malarious cachexia. In 1853, it prevailed epidemically after a great epidemic of ague, and was confined to those who had been affected. It was again epidemic in the latter part of the summer of 1859. Of 15 cases, 3 died, in whom the tumour was seated on the neck; in the remaining twelve it was situated on the right side of the face in 8. It came on with typhoid fever, violent burning pain, phlegmonous inflammation, and considerable swelling. From the 4th to the 8th day a bluish grey pustule, as large as a bean formed on the top of the swelling, while the tumour went on enlarging, became more hard and uneven and black, while the surrounding areolar tissue inflamed extensively. As the slough became limited the fever declined, and the debility reached its greatest amount.

HUTCHINSON.—*Clinical Report on Epithelial Cancer.* Med. T. and Gaz., Oct. 6th, 13th, 20th, 27th; Nov. 3rd, 10th, 24th; Dec. 1st.

Hutchinson gives a table of 115 cases, to which 12 others less perfectly recorded may be added. Of the whole, 121 were men. The lower lip was the site of the disease in 113, the upper lip in 5, the angle of the mouth and part of both lips in 8. Of 102 cases whose age is stated, 1 was under 30, 8 between 30 and 40, 21 between 40 and 50, 19 between 50 and 60, 33 between 60 and 70, 15 between 70 and 80, 4 above 80 years of age. Of the 127 cases, 3 ended fatally from operations, within 10 days; 4 had return of cancer in the wound; 9 had return of cancer in the cicatrix at different periods after the operation; 5 had cancerous disease of the lymphatic glands subsequently; 3 had cancerous disease of the opposite part of the lip; while of 105 there is no further note than that the patients recovered, and left the hospital with sound cicatrices. Hutchinson advocates the removal of diseased submaxillary lymphatic glands.

TRYDE.—*Some Observations with reference to Sudden Death in connection with Furuncles of the Face.* Dublin Hosp. Gaz., Dec. 1st.

Tryde relates and remarks upon some cases in which phlebitis supervened upon erysipelatoid inflammation of the skin of the face, and extended upwards through the veins of the orbit to the cavernous sinus.

W. PIRRIE.—*Observations on Favus.* Lancet, Dec. 8th, 15th.

Pirrie believes that "the peculiar matter of favus is an exudation on the surface of the derma; that this exudation becomes the seat of peculiar phytaceous growths which, in the progress of development, penetrate the epidermis, and become encysted by its scales; and that the hair-follicles are not the seat of the disease, but only become secondarily affected." For this last opinion he gives, among other reasons, his observation, that a crust of short duration may be raised from the scalp, and drawn over the hair, leaving the latter standing in its follicle. In Scotland, he finds it is by no means a rare disease, "being exceedingly common in Edinburgh." He concludes that it is a blood disorder, and that the fungus is not the sole nor the original cause of the eruption; that many are insusceptible of it; that it is feebly contagious, and often arises independently of contagion; that struma and dirt strongly predispose to it; and that general as well as local treatment is necessary.

HARDY.—*Lectures on Diseases of the Skin.* Paris, Delahaye, 1858—1859, 2 vols. 8. Canst. Jahrb., Vol. iii, p. 293.

Hardy attempts a simpler and more natural arrangement of skin diseases, rejecting that usually adopted in England. The form which the disorder presents, he regards as secondary, and looks chiefly to its nature. He makes 10 groups, including cancerous, scrofulous, and syphilitic affections, as well as the exanthemata.

DUCHESNE-DUPARC.—*Practical Treatise of Dermatoses, or Skin Diseases classed according to the Natural Method.* Paris, Baillière, 1859. Canst. Jahrb., Vol. iii, p. 293.

Duchesne-Duparc is a devoted follower of Alibert, at least in the matter of nomenclature; he makes 11 groups of skin diseases, which do not differ materially in principle of arrangement from Hardy's.

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v. BARENSPRUNG.—*Skin Diseases.* 1 Lieferung, Erlangen, Enke, 1859, 8. Canst. Jahrb., Vol. iii, p. 293.

Bärensprung considers skin diseases under the heads of derangements of innervation, of secretion, and of nutrition. He endeavours to examine not mere external appearances, but the morbid process in its entirety.

HESCHL.—*On Cutaneous Horns.* Oesterrh. Zeitsch. f. prakt. Heilkde, 1859, 4. Canst. Jahrb., Vol. iii, p. 298.

Heschl recognizes, with Virchow, 3 kinds of horns; one (the rarest) is formed upon an elongated papilla of the skin; a second grows out of sebaceous follicle (the commonest form), and a third seems to be produced by a circumscribed ichthyosis. He records the case of a Jewish girl, who had 16 of this latter sort.

HECKER.—*Elephantiasis, or Lepra Arabica.* Monograph with 5 lithographic plates. Fridburg, 1858. Canst. Jahrb., Vol. iii, p. 298.

Hecker relates a case of elephantiasis in a female, æt. 32, which terminated fatally after an operation for its removal. He says the exudation is in a high degree organizable, analogous to plastic lymph, as it contains innumerable molecular granulations, and an immense number of nuclei free or enclosed in cells very different from their analogues in the lymphatic glands. He thinks an operation should not be performed when the disease is endemic, and general dyscrasia exists.

HEBRA.—*Clinic for Skin Diseases; Cutaneous Hæmorrhages.* Allgem. Wien. Med. Ztg., 1859. Canst. Jahrb., Vol. iii, 304.

Hebra distinguishes cutaneous hæmorrhages into 2 groups; the *idiopathic*, occurring as mere local affections, and the *symptomatic*, occasioned by other morbid processes. Among the latter, he notices Peliosis rheumat. or Roseola rheum., which is prone to relapse several times, and to recur for months or even years; also Purp. febrilis, which is always complicated with internal hæmorrhage, and always proves fatal in 3 or 4 days. He remarks, in general, that no safe diagnosis can be formed from the external appearances only, all the existing symptoms must be taken into account.

Trousseau.—*On Erysipelas.* Clinique Europ., 1859, 26. Canst. Jahrb., Vol. iii, p. 305.

Trousseau admits a predisposing influence depending on the general character of disease at the time, but asserts that erysipelas nevertheless always originates from some external injury or irritation, it may be very slight.

Innhauser.—*On the Application of Collodion.* Zeitschr. d. k. k. Gesellch. d. Aerzte, 1859, Dec. 20th. Canst. Jahrb., Vol. iii, p. 305.

Innhauser has obtained very good results from the use of a combination of collodion and castor oil externally in erysipelatous inflammations.

Hardy.—*On Erythema.* Clinique Europ., 1859, 4 and 6.

After describing several varieties, Hardy goes on to speak of one which he names scarlatinoid. This appears suddenly, or after 1 or 2 days of ailing, on the anterior surface of the thorax, arms and abdomen, or over the whole body; may be attended with fever, and terminates in 24—48 hours, leaving some desquamation. A pretty full account is given of all the forms of erythema.

Hebra.—*On Eczema; Clinic for Skin Diseases.* Allgem. Wien. Medicin. Ztg., 1859, p. 43. Allgem. Wien. Medicin. Ztg. 1859. Report by Dr. Ch. Müller, Wien. Spitalztg. 1859, p. 22. Canst. Jahrb., Vol. iii, p. 308.

Hebra distinguishes 5 forms of eczema, which he does not regard as so many grades or species, but as different manifestations (bilder). These are (1) Ecz. squamos. s. Pityriasis rubra; (2) Ecz. papulos, s. E. lichenoides, s. Lichen eczematodes; (3) Ecz. vesiculare, Ecz. solare; (4) Ecz. rubrum s. madidans; (5) Ecz. impetiginosum s. Impetigo eczematosa. These forms can be artificially produced by inunction with croton oil. He gives a detailed description of Ecz. in almost every part of the body, even on some of the mucous surfaces at their junction with the outer integument; but the only point of much novelty seems to us the statement that Ecz. of the lips alternates occasionally with Ecz. of the arms, and that, especially in the latter situation, a remarkable *seesaw* (to coin a word) is observed between the cutaneous eruption and dyspepsia, the latter ceasing as soon as the Ecz. is developed. In the matter of treatment, Hebra seems to have little faith in internal remedies, and to rely chiefly on external. Arsenic, he says, must be given in large doses, which he is evidently shy of. After getting rid of scabs and crusts, he recommends the application of caustics, especially strong solutions of potash (even up to Potass. Caustic. ʒi. ad Aquæ ʒij.), or Schmier-soap, or Potash-glycerine, or Hydr. Bichl. gr. ij—v. ad Aq. ℥i. These are to be continued as long as they produce a pretty strong reaction of the morbid surface, viz., excoriations, red pimples, and vesicles. When the reaction ceases, we are to resort to tar diluted with alcohol, ol. fagi, or huile de cade, or to ointments containing the usual preparations of mercury, zinc, and lead. He ends by saying, in relapses which are by no means rare, the whole treatment must be gone through again.

F. Hartmann.—*On Encysted Tumours; Atheromas.* Virchow's Archiv. xii, p. 430—454. Canst. Jahrb., Vol. iii, p. 323.

Hartmann insists that these tumours are solid from the first, and are not distended follicles. Softening of their contents with fatty change and calcareous deposition is a subsequent occurrence, while distended follicles are soft from the first.

Porta.—*On Sebaceo-follicular Tumours.* Ann. Univers., 1859, May. Canst. Jahrb., Vol. iii, p. 329.

Porta distinguishes 3 kinds of these tumours; (1) isolated and in small number; (2) multitudinous, scattered like an exanthem over the whole surface; (3) massy formations of greatly enlarged glands often degenerating into ill-looking ulcers, and requiring extirpation.

Hebra.—*On Acne Rosacea and Sycosis.* Wiener Spitalzeitung, 1859, 18. Canst. Jahrb., Vol. iii, p. 330, 331.

Hebra states that excess in drinking is not the only cause of Acne ros.; it may be produced by all hyperæmiating influences affecting the head. Potash soap is to be applied twice a day, and sulphur made into a paste with diluted spirit at night. He agrees with Chaussit, that sycosis is not essentially a parasitic disease, and treats it by removal of the diseased hairs, and application of the above-mentioned sulphur paste followed the succeeding day by potash soap.

Chaussit.—*Sycosis or Mentagra.* Paris, Leclerc, 1859. Canst. Jahrb., Vol. iii, p. 331.

Chaussit believes sycosis to consist essentially in inflammation of the hair follicles, and only admits the presence of fungi as an accidental occurrence. It occurs especially in persons of fine and sensitive skin and strong beard, and in those who are exposed to heat and cold. Chaussit makes two principal divisions of sycosis—the *superficial*, or pustulous, and the *subdermic*, comprising the tuberculous and phlegmonous varieties. The first is hard to cure, lasts long, often relapses, but does not produce alopecia. The latter is always attended with alopecia, though mostly temporary, occurs at all ages, and in all constitutions, has an acute, regular, and generally short course, and no marked tendency to relapse. In the way of treatment, he counsels first to subdue all trace of inflammation, and then to apply mercurial or iodine ointments alternating with an alkaline wash. Vapour douches, alkaline baths, aloetic ointment, are useful in certain cases, as also Ol. Morrh. and Arsenic internally.

Bamberger.—*On Pemphigus.* Würzb. med. Ztschr. i, 1, p. 1 flg., 1860. Schmidt's Jahrb., Vol. 108, p. 319.

Bamberger examined the urine, blood, and the bullæ-fluid of a case under his care. The urine was scanty, strongly acid, of high specific gravity, relatively rich in urea, uric acid, chlorine and earthy phosphates, poor in phosphoric and sulphuric acids, but contained an actual deficiency of all its ingredients. The presence of ammonia was its most remarkable peculiarity. No albumen or sugar. The blood was poor in solids, especially in albumen, and contained ammonia. The bullæ-fluid was alkaline, contained ammonia, but no urea; its albumen was less than that of the blood serum, salts and extractives about the same. In the way of treatment, Bamberger advises to give plenty of easily assimilable albuminous food and muriatic acid, and to eliminate the ammoniacal salts by the secretions.

GINTRAC.—*On Hypertrophic Lupus.* Journ. de Méd. de Bordeaux. Ann. par Jamain, 1860, p. 10.

Gintrac records a case which was nearly 4 years under his care, and at last recovered completely. The treatment consisted of repeated cauterizations with Vienna powder, and nitrate of silver, arsenic, and sulphur baths.

WAGNER cut out a small piece from the scalp of a girl, æt. 11, who was affected with complete alopecia. He states that epidermis, rete Malpighii, corium, and hair-follicles were normal.

ANCELL.—*On the Roman Bath.* Brit. Med. J., Nov. 17th.

Ancell advocates the utility of the Roman bath as the means best calculated to correct a hydræmic condition of the system.

SUBJECTS OF GENERAL INTEREST—VARIETIES.

FOISSAC AND EMSMANN.—*Meteorology with respect to the Doctrine of the Cosmos, and in its Relations to Medicine and general Sanitary Science.* P. 656. Leipzig, Wigand.

SCHWARZ.—*On the Medical Knowledge of the Inhabitants of Tahiti.* Zeitschr. d. Gesellch. d. Aerzte zu Wien., Aug., 1859. Brit. and For. Med.-Ch. Rev., Jan., 1860.

SCHWARZ.—*On Chinese Medicines.* Zeitschr. d. Gesellch. d. Aerzte zu Wien., Sept., 1859. Brit. and For. Med.-Ch. Rev., Jan., 1860.

MIRROR.—4 *Cases of Saturnine Disease; Vaccination in Pertussis.* Med. T. and Gaz., Jan. 21st. Lancet, Jan. 21st, 1860.

HANBURY, C.—*Fatal Effect of a Bee Sting, with Notices of some Analogous Cases.* Med. T. and Gaz., March 10th, 1860.

TRIST, H. B.—*Electro-Magnetism in Subacute and Chronic Rheumatism (case).* Americ. J. of Med. Sciences, Jan. 1860, p. 119.

DALTON.—*On the Comparative Danger of Ether and Chloroform.* Med. T. and Gaz., March 31st.

Tabular Report of 33 *Cases of Hydatid Tumours.* Med. T. and Gaz., April 7th.

HENRY.—*Lectures on the History of Medicine.* Brit. Med. J., April 7th; March 24th; April 14th, 21st; May 12th, 26th; June 2nd.

BARTHOLOW, R.—*History, Medical Topography, Climatology, Hygiene, Diseases, &c., of Fort Bridger, Utah Territory.* Amer. J. of Med. Sciences, April, 1860, p. 323.

ROSE, BETZ, LOHRMANN.—*On Santonine.* Virchow's Archiv. xviii, 1, 2, 1860. Memorabil. a. d. Prax. v. 2, 1860. Schmidt's Jahrb. Vol. 106, p. 160.

The Results of Vaccination in the Prussian Army during 1859. Med. T. and Gaz., June 2nd.

Adam.—*The Hospitals of Munich.* Edin. Med. J., July, p. 25.

Gobley.—*On the Properties of Kawa or Ava Root.* Brit. and For. Med.-Chir. Rev., p. 251, 1860.

Adam.—*Notes on the Baths of the Salzkammergut, and on the Route to Vienna by the Danube.* Edin. Med. J., Aug., p. 115.

Barham.—*On Climate, and some of its Medical Aspects.* Brit. Med. J., Aug. 25th; Sept. 1st, 8th.

Schroff.—*On Hellebore.* Schmidt's Jahrb., Vol. 107, p. 294.

Musizzano, Borelli, Berrutti.—*Cyanide of Iron; Sodium and Salicine in Ague.* Gazz. Sard. 38, 1859; 17, 18, 1860. Schmidt's Jahrb., Vol. 107, p. 294.

Report of a Select Committee of the New York Chamber of Commerce on Quarantine. Americ. J. of Med. Sciences, April, 1860, p. 470.

Devay.—*On some Causes of Disease peculiar to our Time.* Canst. Jahrb., Vol. ii, p. 69.

Demeaux and Edm. Corne.—*Note on the Disinfection and Dressing of Wounds read before the French Academy of Sciences, July* 18*th*, 1859. D. and C. recommend a mixture of 1—3 parts of coal-tar with powdered gypsum. Canst. Jahrb., Vol. ii, p. 116.

Velpeau.—*On the Effects obtained in the Treatment of Wounds and Ulcers by the employment of the Disinfecting Mixture of MM. Corne and Demeaux.* The paper was read and discussed at the meeting of the French Academy of Sciences, July 25th, 1859. Further communications and accounts of this matter were given at the meetings of Aug. 1st, 8th, 16th, 21st, 29th, and Sept. 5th and 19th. Canst. Jahrb., Vol. ii, p. 116.

Marchal de Calvi.—*Note on the use of Iodine as a Disinfectant and Antiseptic.* Acad. of Sciences, Aug. 8th 1859. Canst. Jahrb., Vol. ii, p. 116.

Moride.—*On the application of Boghead Coke powdered to the preservation and disinfection of Animal and Vegetable Matters.* Communicated to the Acad. of Sciences, Aug. 8th, 1859. Canst. Jahrb., Vol. ii, p. 116.

Henry.—*On the Disinfectants used in Medicine.* Arch. Gén. de Méd., Oct. 1859. Canst. Jahbr., Vol. ii, p. 116.

Forget.—*The Influence of Warm Climates upon Phthisis.* Gaz. Hebd. de Méd. and de Chir., June 8, 1860. N. Amer. Med.-Chir. Rev., Sept. 1860.

Ogle.—*A Chapter in Clin. Med.: What to observe in Diphtheria.* Arch. of Med., 1860, No. vi.

Beale.—*On a simple and accurate method of recording Physical Signs.* Arch. of Med. 1860, No. vi.

Balfour.—*On the Manufacture of Castor Oil at Dinapore.* Edin. Med. J., October.

Hastings.—*Influence of Tobacco-smoking on Public Health.* Brit. Med. J., Oct. 6th.

Cooke.—*On Kukui or Kekune Oil.* Lon. Med. Rev., Sept.

Hobson.—*The History and present state of Medicine in China.* Med. T. and Gaz., Oct. 27th, Nov. 10th, 17th; Dec. 29.

V. LICHTENFELS, FRIEDREICH, THORBURN, SCOTT ALISON.—*On Percussion and Auscultation.* Wien. Ztschr. N. F. ii, 34, 1859. Verh. d. Phys. Med. Ges. zu Wurzburg, Vol. vii. Schmidt's Jahrb., Vol. 108, p. 236.

JAFFÉ.—*Hypnotism or Braidism in its relations to Medicine, Surgery, Physiology, and Mesmerism.* Schmidt's Jahrb., Vol. 108, p. 238.

SCHILDBACH.—*Report on recent Contributions to the Literature of Sea-bathing.* Schmidt's Jahrb., Vol. 108, p. 241

MEDICAL CONSTITUTION of the Spring and Summer of 1860, in France. Edin. Med. J., Nov., 486.

SPRATLY.—*A new form of Instrument for Vaccinating.* Lancet, Nov. 3rd.

F. SEITZ.—*Report respecting Medical Geography.* Canst. Jahrb., Vol. ii, p. 125—175.

FALCK, V. HASSELT, RIENDERHOFF.—*On the action of Santonin.* Deutsche Klin. 27, 28, 1860. Arch. f. holl. Beitr. ii, 3, 1860. Bull. de Thérap. lviii, June 1860.

LEFORT.—*Citrate of Magnesia Lemonade.* Jour. de Pharmacie. Ann. de Thérap., 1860, p. 152.

DEVERGIE.—*Report on the Chem. Composition and Medical employment of the Oils from the liver of the Cod, the Skate, and the Dog Fish.* Bull. Gén. de Thérap., May 15th, 1859. Brit. and For. Med.-Ch. Rev., Jan. 1860.

Devergie reports on a memoir of M. Delattre to the following effect: The oils were obtained quite pure from oleic, sulphuric and phosphoric acids, by preparing them excluded from the air. All the oils contain a very large proportion of oleine, with some margarine, and some very small quantities of chlorine, iodine, bromine, sulphur, and phosphorus, which exist in a free, uncombined state. The proportions of iodine, bromine, and phosphorus, differ very slightly in the three kinds of oil. With regard to the medical properties of these oils, M. Delattre arrives at the following conclusions:—(1.) That the physiological action of the fish-liver oils is the same, whatever be the kind employed. (2.) These oils may be considered as succedaneous to one another, and may all be employed in the treatment of scrofulous, cutaneous, and rheumatic affections. (3.) The cod-liver oil is more efficacious in scrofulous phthisis than the skate or dog-fish oil. The skate oil effects more rapidly the cure of serous diarrhœa, and of mesenteric engorgement in children during dentition; it is also more efficacious in the treatment of cutaneous diseases, and of chronic rheumatism. (4.) The dog-fish oil appears to exercise a special action upon alterations of the bones, and in all cases it may be advantageously substituted for cod-liver oil. M. Devergie found, that of 20 patients, 18 preferred the dog-fish to the cod oil, and some who could not take the latter, tolerated the former. The question as to the relative value of the 3 oils, was left undecided from the absence of sufficient evidence.

DAVAINE.—*Researches into the development and propagation of the Tricocephalus and Ascaris Lumbricoides.* J. de la Physiol., No. vi, April, 1859.

Dr. Davaine has satisfied himself that the ova of the tricocephalus dispar, and ascaris lumbricoides, are not hatched in the intestine, but are expelled as they are laid. He succeeded in obtaining their development by placing them in water, which was changed every day. The process did not begin for 6 months, and the embryo was not formed till nearly 9 had elapsed.

VOGLER and SALES-GIRONS.—*On Inhalation as a means of Cure.* Deutsche Klinik, 35, 1859. Bull de Thér. lvi, Feb. 1859. Schmidt's Jahrb., Vol. 105, p. 36.

Vogler describes the effects produced by inhaling more or less completely the carbonic acid gas (diluted with air) which is given off from the springs at Ems. More or less irritation is produced, and it is only in cases of a torpid character that the practice is beneficial. Sales-Girons recommends the inhalation of air charged with the spray of various medicated liquids. The spray (staub) is obtained by means of a contrivance which throws a fine stream of the liquid against an obstacle.

LANCET, JAN. 21st, 1860.—Four cases of saturnine disease are recorded in the "Mirror;" one from the use of white and red lead in work, one from taking snuff adulterated with lead, one from drinking water contaminated by lead, one from scouring pewter pots. *Unguentum Glycerinii*, composed of 5 parts of glycerine, and 1 part of starch, forms a most excellent recipient.

VACCINATION IN PERTUSSIS (v. Med. T. and Gaz., Jan. 21st) has been tried in Kowno, Russia. The vesicles followed their usual course, sometimes beneficially modifying the pertussis, at others not.

HERMANN.—*On the influence of dilution of the Blood upon the Secretion of Urine.* Virch. Arch., xvii, 1859. Dublin Q. J. of Med. Sc., Feb. 1860.

Hermann, after injecting water into the veins of dogs, observed that biliary pigment passed off in the urine, which was not otherwise abnormal. If the quantity of water, however, exceeded a certain amount, then the urine became red, and contained hæmatosine and albumen, but not constantly blood cells. The author believes that the dilution of the blood as such does not cause the transudation of the albumen of the serum into the urine, but that it sets free a considerable quantity of hæmatoglobulin, which transudes more easily through the walls of the Malpig.-tufts than serum-albumen does. He also believes that the biliary pigment is produced by a transformation of the hæmatosine, in accordance with the observations of Kühne.

MARCHAL DE CALVI praises iodine as an excellent disinfectant, as destroying fungi and improving the state of unhealthy wounds. BONNAFONT recommends ætherisation as a means of arresting relapsing intermittent fever. Schmidt's Jahrb., Vol. 105, p. 174.

LINHART and BUCHNER each relate a fatal case of chloroform inhalation. FRIEDBERG, one of recovery from the same state by means of faradising the phrenic nerves after other means had failed. SAUREL and CURLING, cases of œsophageal constriction and delir. tremens, in which chloroform internally proved curative. Schmidt's Jahrb., Vol. 105, p. 174.

A CASE is recorded of the poisonous effect of sewer gases on a labourer employed in making a drain. The symptoms were delirium, icteric coloration, epistaxis, prostration. The disease did not resemble typhus or typhoid. Schmidt's Jahrb., Vol. 105, p. 177.

GLYCEROLE OF LEAD is formed by mixing 1 dram of powdered camphor with 13½ oz. of glycerine, dissolving it, and adding 2½ oz. of liq. plumbi diacet.

RILLIET, BOINET, RICORD, BOUCHARDAT, PIORRY, CHATIN. — *On Constitutional Iodism, and the Administration of Iodine.* Schmidt's Jahrb., Vol. 107, p. 295.

Rilliet distinguishes 3 kinds of iodine-poisoning, which may be variously blended. The first is characterised by an acute irritation of the digestive canal, induced by large doses of preparations of iodine. The second is marked by various nervous disorders, derangements of the secretions, and skin eruptions, with which may be associated atrophy of the mammæ and testicles. The third is a peculiar cachexia, induced by very small, almost infinitesimal, doses of iodine, as even the minute amount contained in sea air, or Ol. Morrh. Its most marked features are rapid emaciation, increase of appetite, and nervous palpitation of the heart. Boinet, on the contrary, from the use of iodized bread, has observed no emaciation, but rather the reverse. Ricord, Chatin, Piorry, doubt of the effect of iodine in producing cachexia. Bouchardat lays stress on Rilliet's remark, that constit. iodism especially occurs in the goitrous, and explains thereby its infrequency in Paris.

HALLER.—*Notes on Coca.* Wien. Ztschr. N. F. iii, 28, 1860. Schmidt's Jahrb., Vol. 108, p. 28.

Hallen says, the chemical action of coca leaves appears to resemble that of wine and tea, as it diminishes considerably the natural decay of the tissues. It resembles Indian hemp in causing dilatation of the pupils, opium in its power of increasing the forces of the exhausted system, and in its peculiar psychical action.

JAFFÉ.—*Hypnotism or Braidism in its relations to Medicine, Surgery, Physiology, and Mesmerism.* Schmidt's Jahrb., Vol. 108, p. 238.

Jaffe, after an historical notice of Braidism, relates the experience of several observers who have tried it, and concludes that the state induced is one of sopor, characterised by catalepsy or blunting of the sensory powers, which mostly can only be produced in hysterical females. He does not think it can ever replace chloroform, but may however be useful as a means of calming certain pains in the generative organs.

Reil.—*Egypt as a Residence for European Invalids.* Edin. Med. J., April, 1860.

Reil observes that, in Cairo the air is very dry, and the thermometrical oscillations are pretty considerable during the winter months; whilst in Madeira the air is very moist, and the variations of temperature are trifling. "An acute form of phthisis, with intense fever, frequent short cough, great dyspnœa on exertion, expectoration scanty, but often sanguinolent: such are the symptoms which appear to indicate a residence in Madeira;" while in chronic phthisis, with abundant, not sanguineous expectoration, and occasional ameliorations, Cairo is preferable. There seems to be some evidence to show that albuminuria has ceased in phthisical residents in Cairo, and that the process of granular degeneration has been arrested (from autopsies). In such cases also, cavities have been found in progress of contraction and cure.

REPORT ON SURGERY.

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MANUALS, TEXT-BOOKS, LECTURES, AND TREATISES, ON GENERAL SURGERY.

ERICHSEN, J. E.—*The Science and Art of Surgery.* 3d edit. Walton and Maberly, London, 1860.

This edition of Erichsen's well-known work is considerably enlarged, and contains much new matter.

PIRRIE, WM.—*The Principles and Practice of Surgery.* 2d edit. London, 8vo, pp. 878.

A compendium of Prof. Pirrie's surgical lectures.

FORSTER, J. C.—*The Surgical Diseases of Children.* 8vo, London, Parker and Son.

JOHNSON, ATHOL A.—*Lectures on the Surgery of Childhood.* Brit. Med. Jour., Jan. 21, p. 41, and Jan. 28, p. 61.

TRAVERS, BENJ.—*Further Observations in several parts of Surgery.* 8vo, Longman and Co.

These observations treat of injuries of the hip-joint, boils and carbuncle, hernia, hæmorrhage, tetanus, and diseases of the breast.

LOHMEYER and PAUL.—*General and Special Surgery.* 8vo, Lahr, 1860.

BRYANT, T.—*Clinical Surgery. The Injuries and Diseases of the Nervous System.* Part 1. London, John Churchill, 1860. (Tract.)

The author aims at illustrating the surgery of injuries of the skull and spine, by a series of cases selected from the practice of Guy's Hospital.

EMMERT, C.—*Manual of Surgery.* 2d edit., vol. i. Stuttgart, Dann.

ROSER, W.—*Manual of Anatomical Surgery.* 3d edit., with woodcuts. Tübingen, Laupp.

PAUL, H. J.—*Conservative Surgery of the Limbs, or an Exposition of the Means and Methods for the Prevention and Limitation of Amputations, and particularly Resections.* Breslaw, Irewendt.

BARDELEBEN.—*A Manual of Surgery and Operations.* Berlin, Reimers.

SYMONDS, F.—*On the General Treatment of Patients before and after Surgical Operations.* Med. Times and Gaz., Oct. 13, p. 351.

The author's remarks refer to the means of preventing the secondary complications, which often bring the most promising case to a fatal issue. He insists on a careful examination of the internal organs before undertaking an operation, with a view to improve the condition of any which may be found faulty, and shows the great importance which attaches to a fatty state of the liver. The necessity of free ventilation is inculcated, and chlorine recommended as a deodorant. Diet should be regulated according to the real wants of the case. Good broth, with vegetables boiled in it, is better than beef-tea. Lastly, medicines which (like iodide of potassium) are slowly eliminated from the system, should be discontinued before an operation, and large doses of opium should not be indiscriminately given after it.

HILTON.—*A Course of Lectures on Pain, and the Therapeutic Influence of Mechanical and Physiological Rest, in Accidents and Surgical Diseases.* Lancet, Aug. 11th, and following Nos.

PRICHARD, AUG.—*Ten Years of Operative Surgery in the Provinces.* Brit. Med. Jour., Oct. 6th, p. 776; 13th, p. 795; 20th, p. 818; 27th, p. 833; Nov. 3d, p. 856; 10th, p. 876; 17th, p. 893.

Regionally arranged:

1. Operations on face, tongue, palate, neck, and chest.
2. Hare-lip. Prichard uses strong scissors and German pins.
3. Cancer of lip—staphyloraphy. Prichard simply pared the edges of the cleft palate without cutting levatores palati, and three out of four cases succeeded.
4. Tracheotomy and thoracentesis.
5. Abdomen and lower bowel.

MAUNDER.—*Operative Surgery.* Part 1. London, J. Churchill, 1860.

A profusely illustrated, descriptive manual of operations, adapted to the dead and living subject.

BROWN, JOHN.—*Notes on the Surgery of the Indian Campaign of* 1857-58. Edin. Medical Jour.

A description of the most important features in the surgical cases which came under the author's notice.

STROMEYER, L. D.—*Maxims of Military Surgery.* Hanover, 1861.

This is the second edition, enlarged and illustrated, of this well-known work.

LÖFFLER.—*Principles and Rules for the Treatment of Gunshot Wounds in War.* Berlin, Aug. Hirschwald, 1859. Part 2, "*In the Field Hospital.*"

GURLT.—*On the Transport of the Badly Wounded and Sick in War, with Suggestions on the Employment of Railroads for this purpose.* Berlin, 1860.

BURGGRAEFE, A.—*Theoretical and Practical Surgery.* Ghent. Carel., 1859-60. Canst., vol. v, p. 206.

GÜNTHER.—*Study of the Bloody Operations on the Human Body.* Leipsic and Heidelberg. Part IV. *The Operations on the Pelvis, Belly, and Chest.* Canst., vol. v, p. 205.

WEBER, OTTO.—*Surgical Experiences and Investigations, with numerous Observations, from the Surgical Clinic and the Evangelical Hospital at Bonn.* With 8 plates. Berlin, Reimer, 1859, 8vo. Canst., vol. v, p. 206.

A commentary on the practice of Wutzer and Busch. In a section on death from the inhalation of chloroform, Weber remarks that apnœa, and the asphyxia attendant on it, are the more dangerous because the brain, being stupefied, cannot assist in restoring the functions of respiration and circulation. This is the whole secret of death from chloroform. He rejects the theory that chloroform kills, by directly paralysing the heart, or by causing the closure of the glottis, and finds the danger of anæsthesia in the facility with which fainting and suffocation occur, which, under the existing depression of the nervous system, may bring about death. Chloroform ought to be exhibited with extreme caution to persons who are liable to faint, or whose respiration is embarrassed. He rejects special apparatus, and recommends the rhythmical injection of air through a wide silver tube, introduced into the larynx, alternately with methodical pressure on the belly. The Marshall Hall method may be tried at the same time. When fatal syncope threatened, Wutzer was accustomed to inject forcibly a stream of cold water into the nostril, and in this way powerfully to stimulate the trigeminal nerve.

In a chapter on the pathology and treatment of tumours, he speaks disparagingly of the results of the medical treatment of heteroplastic formations, whilst in hyperplastic growths he regards iodide of potassium as a valuable remedy. He mentions the acetate of lead as a very useful application to the mucous membrane after removal of nasal polypi. Chloride of zinc he regards as a more powerful caustic than arsenious acid, and thinks the objection raised against caustic potash—that it leads to a bad suppuration—is unfounded. The application of potash is less painful than that of other caustics.

In some remarks upon hæmostatics, he mentions the Liquor Ferri Sesquichloridi as undoubtedly the best styptic, but says that it slightly cauterizes the wound, and in this way retards the healing. He considers it unnecessary to tie superficial vessels when they are bleeding, as the temporal or facial, and thinks it better practice to pass a pin beneath them. He gives this as an old custom.

WOUNDS.

1. *Cicatrization.*

DEMARQUAY and LECONTE.—*The Cicatrization of Wounds under the Influence of Carbonic Acid.* Ann. par Jamain et Wahu, p. 109.

These experimenters found that oxygen sensibly retards the reparation of subcutaneous wounds, whilst carbonic acid promotes it in a very remarkable manner.

2. *Gangrene.*

GROH, Dr.—*On Hospital Gangrene.* Wien Med. Ztschr., 35—38, 1858. Schmidt, No. 5, vol. 106, p. 198.

Groh ascribes the origin of hospital gangrene mainly to epidemic influences, amongst which sudden changes of temperature take an important place. Next to pyæmia, exhausting hæmorrhages are the most unfavorable complication. Of fifty-nine patients affected with this disease, seven only died, four of these of pyæmia, the other three during convalescence (one of tuberculosis, one heart disease, one pleuro-pneumonia). The treatment consisted in free ventilation, constant fumigations, the removal of all infected matters, the destruction of the phagedenic surfaces with chloride of calcium or mineral acid, and the exhibition of stimulants.

HANDYSIDE.—*Case of Traumatic Spreading Gangrene after severe Compound Fracture of the Leg, for which Amputation beneath the Trochanter was performed, and the Arteries secured by four Acupressure Needles; the Femoral Artery, at its giving off the Profunda Branch, was relieved from Pressure at the forty-ninth hour after the Operation; with Recovery, and Remarks.* Edin. Med. Jour., Dec. 1, p. 504.

3. *Tetanus.*

SKEY.—*A Clinical Lecture on Tetanus.* Lancet, July 7th, p. 1.

Tetanus, its recent Prevalence in the London Hospitals. Med. Times and Gaz., July 14, p. 34.

BROCHIN.—*On Curara in Tetanus.* Ann. par Jamain et Wahu, p. 142.

A notice of three cases of traumatic tetanus, occurring in the French military hospital in Turin during the late Italian campaign, two of which were fatal, and one recovered under the administration of curara; even in the fatal cases, calmness and muscular relaxation followed its use.

GINTRAC.—*Case of Traumatic Tetanus unsuccessfully treated by Curara.* Ib., p. 148.

FARRAGE.—*Two Cases of Idiopathic Tetanus treated by Indian Hemp.* Lancet, Sept. 15th, p. 262.

STANLEY.—*Reduction of Compound Dislocation of the Ankle-joint; Death from Tetanus on the eighth day after.* Lancet, Aug. 18th, p. 162.

MORGAN.—*Acute Traumatic Tetanus from Wound of the Foot; Recovery under the use of Tincture of Aconite.* Lancet, Aug. 18th, p. 162.

A boy pricked the ball of his foot with a rusty nail, August 30th, 1858. September 6th,—Stiffness about neck and lower jaw. 12th,—Unable to open his mouth; back stiff. 16th,—Well-marked rigidity of muscles of the neck and jaws; risus sardonicus. Strychnine, one tenth of a grain every two hours, was given, soon diminished to one twentieth of a grain, and a hard scar in the sole of the foot was excised. The symptoms increased; general spasm and opisthotonos began. 20th,—Aconite was now given, and continued till the 6th October. Progressive improvement followed its administration.

WALKER.—*Case of Tetanus.* Med. Times and Gaz., March 17th, p. 263.

Acute tetanus following a lacerated wound of the foot; death eight days after the commencement of the symptoms.

CURLING.—*Acute Idiopathic Tetanus, terminating Fatally in sixty-eight hours.* Lancet, Aug. 18th, p. 163.

A married woman, æt. 41, had injured her spine by a fall in her youth, and had ever since had great pain in her back when she caught cold. She had broken her ulna three months before the occurrence of tetanus. At the post-mortem examination a small quantity of fluid in the lateral ventricles, and marks of incipient pneumonia, were found.

MACMURDO.—*Grazing of the Heel of a Sailor, followed by Tetanus; Recovery.* Med. Times and Gaz., Dec. 8th, p. 559.

SOULT.—*Ruptured Popliteal Aneurism, with Gangrene of the Leg; Amputation; Tetanus; Fatal Result.* Ib., p. 561.

JOHNSON.—*Extensive Wound of the Hand from a Chaff-cutting Machine, followed by Fatal Tetanus.* Ib.

CUTLER.—*Lacerated Wound of the Back of the Hand, followed by Fatal Tetanus.* Ib.

FLOWER.—*Severe Injuries to the Right Hand, followed by Sub-acute Tetanus; Recovery.* Ib.

The second, third, and fourth of these patients died. The third was treated with turpentine and brandy enemata, the other two with opium. The first was treated with chloroform, internally administered as well as inhaled, mercurial friction, opium and purgatives. The fifth recovered under the use of aconite and morphia.

HARPER, C.; HINTON, J.; FOX, E. L.—*Cases of Traumatic Tetanus.* Brit. Med. Journ., March 10th, p. 189.

HAILEY, H.—*Case of Traumatic Tetanus, cured by Chloroform.* Brit. Med. Journ., Oct. 27th, p. 842.

FERGUSSON.—*Case of Wound of the Wrist; Death from Tetanus occurring fourteen days after the Accident.* Lancet, Aug. 18th, p. 161, 1860.

FERGUSSON.—*Scirrhus of the Breast; Removal; Death from Tetanus occurring seven days after the Operation.* Ib.

The first of these cases was treated with aconite and subcutaneous injections of a solution of woorara, the second case was treated with conium.

4. *Foreign Bodies.*

ANSELMIER.—*On Searching for Portions of Iron and Steel which have buried themselves in the Soft Tissues.* Gaz. des Hôp., 109, 1859. Schmidt, p. 80, No. 4, vol. 106.

Anselmier recommends the use of a magnetic needle, and mentions cases where he detected portions of iron by its aid.

ROTHMUND, A.—*Cases of Foreign Bodies.* Deutsche Klinik, Nos. 15, 16, 17.

One of the most remarkable of these cases is that of a man who, with the intention of destroying himself, swallowed a piece of iron eight and a half inches long, and as thick as a finger. It was soon afterwards felt transversely in the region of the stomach, but in the following days changed its situation, and on the nineteenth reached the rectum, which it perforated, and was removed through an incision.

Partridge.—*Removal of a Jelly-mould from the Vagina; Vesico-vaginal Fistula.* Med. Times and Gaz., Oct. 13th, p. 357.

A tin cup, two and a half inches in diameter and about three inches deep, with wrinkled sides, was removed by Partridge from the vagina of an unmarried servant girl, æt. 24. Its round bottom was in contact with the os uteri, and its open end pointed towards the vulva. The cup was filled, as well as encrusted externally, with phosphatic deposits; the vagina also contained a quantity of the same mortar-like material, and several calculi were removed from the bladder through a large opening in the upper wall of the vagina. The patient at first professed ignorance of the presence of the cup, but from subsequent statements it had been in the vagina about one year.

5. *Sutures and Dressings.*

Startin.—*Description of the New Staple-suture, without a Ligature.* Med. Times and Gaz., April 21, 1860, p. 391.

This is a piece of steel wire, shaped like a staple, the ends of which are ground to a triangular or glover's point. In using it, the points of the staple are to be thrust through both margins of the wound, and then bent back.

Price.—*On a Convenient Needle for the Ready Application of Metallic Sutures in the Operations of Cleft Palate, Vesico-vaginal Fistulæ, &c.* Med. Times and Gaz., June 9, p. 574.

This is Startin's tubular needle, with the addition of a catch-spring fixed to a sliding-bar, that holds the wire and projects it by a movement of the finger.

Startin.—*Clinical Remarks on Varices and the "Bar-needle and Clasp."* Med. Times and Gaz., May 26, p. 516.

This needle resembles a sickle with a long, straight handle, to which a small clasp is fitted. The needle being put under the vein, the clasp is hooked over it.

Roser.—*The Twisted Suture.* Arch. f. Physiol. Heilk., N. F. iii, p. 323, 1859. Schmidt, No. 9, vol. 107, p. 319.

In order to avoid the injurious dragging which often happens in removing a deeply placed knotted suture, for instance, in a deeply lacerated perinæum, Roser, instead of knotting the ends of the thread, twists them together, and then ties them, to prevent them untwisting. In order to remove them, they need only be cut behind the point where they are tied, when they can be easily untwisted, one end of the thread can be shortened, and the loop pulled away by the other end.

Simon, Gust.—*The Application of several Rows of Sutures for the Union of Wounds.* Archiv f. Physiol. Heilk., N. F. iii, p. 312, 1859. Schmidt, No. 9, vol. 107, p. 320.

A categorical description of the various forms of sutures, composed of two or three rows of stitches, hitherto used or proposed, with indications for their application.

STRASSER, Dr.—*Collodion Dressing.* Schweizer Monatsschr., April. Canst., vol. iv, p. 137.

After the wound has been closed with straps of plaster, or sutures, it is to be covered with a layer of charpie soaked in collodion.

GUSTAV, SIMON.—*On the Use of Horse-hair for Closing Wounds by the Bloody Suture.* Correspondenzblatt des Vereins für gem. Arbeiten, &c., No. 1. Canst., vol. iv, p. 139.

Horse-hairs, of middle thickness, are recommended as an excellent substitute for silver wire.

6. *Local Baths.*

ZEIS.—*Permanent or Prolonged Local Baths in various Local Diseases.* A Practical Treatise, by Prof. Ed. Zeis. Leipsic and Heidelberg. Schmidt, No. 9, vol. 107, p. 316.

Zeis has the merit of having extensively applied and improved the treatment of various local affections by submersion under water, a method recently recommended by Langenbeck, Flock, and others. Forty-eight hours after the operation, amputation stumps of the thigh and leg were placed in water of 32°—34° R., and kept in it during eight to ten days, after which the limb was bandaged in the usual manner. Accidental wounds of all kinds, ulcers of the legs, &c., were treated by Zeis very successfully in this way.

SZYMANOWSKI.—*Immersion and Irrigation.* Deutsche Klin., No. 17, 18. Schmidt, No. 9, vol. 107, p. 318.

Szymanowski cuts the receptacles for holding the parts to be immersed out of sheet india rubber, and joins the edges by touching them with petroleum, and afterwards pressing them firmly together.

7. *Disinfection.*

VELPEAU.—*New Mode of Disinfection, and of Dressing Wounds.* Ann. par Jamain et Wahu, p. 158.

A note from Demeaux et Corne on the disinfecting and deodorizing properties of a mixture of coal-tar and plaster of Paris, presented to the Académie des Sciences by Velpeau.

AMPUTATION.

HEYFELDER, J. F.—*On Double Amputations, performed simultaneously or immediately following each other.* Deutsche Klinik, No. 39. Canst., vol. v, p. 210.

The author relates several cases in which double amputation was unfortunately necessary. In such cases the severity of the injuries sustained is so great, that they would probably terminate fatally without operation.

"Scarcely any cases," says Heyfelder, "can be produced in which patients have been saved, both of whose thighs have been amputated, *coup sur coup*, for gunshot injuries of both legs or both knee-joints." On this account, Boyer, Velpeau, and Vidal declare that the amputation of both hands or both feet is at the most permissible.

If it has been shown that the prognosis of double amputations of the lower extremities *for injuries*, whether of the thigh or leg, is exceedingly unfavorable, Heyfelder thinks that the case assumes a different form when the double amputation is necessitated by an *organic disease*, instead of by an injury, and when an interval of five or six days elapses between the time of the first and the second operation. Thus, he twice performed successfully double amputation of both legs for frostbite, with an interval of five days. He does not lay down definite rules for double amputations, when they should be performed, simultaneously or at intervals. But he objects to the proceeding instanced by Fergusson, in which, at the same moment, both limbs are removed by two surgeons. One operator would be in the way of the other, and the measure is only justifiable during and after great battles. Heyfelder now holds a similar opinion regarding all, in some measure, important operations. In squint and in cataract it is better not to operate at once on both eyes; the same obtains in hydrocele, and the extirpation of several cystic tumours of the hairy scalp. In resection of the entire lower jaw, he advises that the removal of the second half should not be undertaken till the sublingual tissues on the first operated side have acquired new attachments. This is in order to prevent retraction of the tongue. In an article on the after-treatment of operation-wounds Heyfelder insists on the necessity of a spare diet, especially during the first five or six days, until the wound has either closed or is everywhere suppurating, when the inflammatory tension is replaced by relaxation, and the spare diet may be changed for one more nourishing. He considers that the French and the southern races are naturally more moderate in their diet than the Germans,·English, Dutch, and Russians, and that daily experience shows that erysipelas is often the consequence of an error in diet. This cause is also productive of pyæmia in patients who have been operated on at home, and who have not been exposed to hospital influences.

The first dressing of a wound ought to be left on as long as possible, and this is only practicable when it is very simple and unproductive of irritation. Sutures are preferable to strips of plaster. Ligatures should be cut off short. The custom of leaving one end and fixing it in the lower angle of the wound is neither necessary nor useful, but altogether injurious and wholly unjustifiable. After putting in the stitches, the wound should only be covered with a fenestrated piece of linen, soaked in oil, and spread with a simple wax cerate to prevent its sticking to the wound. He deprecates stuffing or covering the wound with charpie.

SYMONDS, F.—*Observations on Certain Points connected with the Dressing of Stumps after Amputation.* Med. Times and Gaz., September 8, p. 230.

Symonds prefers the wire to the thread suture, and the twisted to the knotted. He covers the wound with a single layer of wet lint, and discards bandages, unless œdema or some other complication renders them necessary. Where desirable to support the edges of the wound with plaster, the part of the strips in contact with the wound should not be more than half an inch broad. This leaves the intervals of the wound open to inspection, ensures the smallest possible contact between the wound and plaster, and leaves a free vent for discharge.

AMPUTATIONS.—*Statistical Reports on the Principal Operations performed during the Year* 1859. Med. Times and Gaz., April 28, p. 420, May 5, p. 446.

These embody particulars of seventy-four amputations of the thigh, fifty-two of the leg, fifteen of one foot, two of both feet, and forty-three of the upper extremity.

MESSER, J. C.—*Report on the Loss of Limbs, as affecting Longevity among the Pensioners at the Royal Hospital, Greenwich.* Edin. Med. Jour., October, p. 329.

The author concludes that those who have lost limbs do not attain so great an age as those who have not.

BEREND, H. W.—*On Necrosis in Amputation Stumps.* Med. Centr. Ztg., xxviii, 8, 1859. Ib.

ROSENKRANZ.—*Four Double Amputations, with some Remarks on Amputation in General.* Deutsche Klin., 11, 13. Schmidt, No. 10, vol. 108, p. 69.

WARD.—*Amputation at the Hip-joint in a Young Child.* Med. Times and Gaz., July 14, p. 34.

The child was fifteen months old; its thigh had been crushed by the wheel of a dray.

HANCOCK.—*Disarticulation of the Hip-joint for Extensive Disease in the Stump, after Two previous Amputations in the Thigh; Fatal Result.* Lancet, March 31, p. 319.

The patient was sinking in consequence of excessive discharge from several sinuses, supposed to be connected with carious bone. Death took place on the morning following the disarticulation. Mr. Barwell, to whom the portion of the femur was intrusted for examination, reported that the disease consisted in an exuberant outgrowth of bony tissue from the medullary canal and walls. The medullary membrane was congested, and in parts the medulla was suppurating.

ASHDOWN.—*Primary Amputation of both Feet* (PIROGOFF'S and CHOPART'S). *Recovery, with Good Stumps.* (Reported, with Practical Remarks by GRAY.) Med. Times and Gaz., July 7, p. 9.

MASH.—*Pirogoff's Amputation of the Foot for Gunshot Injury; Recovery, with an excellent Stump.* Med. Times and Gaz., July 7, p. 9.

THOMPSON, H.—*Caries of the Tarsus; Symes's Amputation; Recurrence of Caries in the Tibia; Second Amputation; Examination of the removed Stump.* Med. Times and Gaz., p. 159, August 18.

BLOOD-VESSELS.

(A) ARTERIES.

1. *Wounds.*

SKEY.—*Puncture of the Ascending Aorta by a Needle; Death; Autopsy.* Med. Times and Gaz., January 14, p, 34.

A healthy young woman received a push on the chest in a scuffle. She walked into the surgery at St. Bartholomew's Hospital about fifteen minutes afterwards, complaining of fulness in the throat and pain in the right shoulder. Her pulse was 120. On the right side of the sternum, between the cartilages of the second and third ribs, the skin was projected about $\frac{1}{8}''$ by a foreign body, which proved, on extraction, to be part of a needle, $1\frac{9}{8}''$ long. She sank, and died about one hour after her admission. Two small punctures were found in the pericardium, which was distended with blood, and there were several punctures through the coats of the aorta, about one half above its valves.

LLOYD.—*Wound of the Carotid in a Child; Obliteration of the Trunk; Death from Abscess in the Brain.* Med. Times and Gaz., September 8, p. 239.

A little boy, æt. 4, April 14th, fell on the point of a stick which he had in his hand. He was taken into St. Bartholomew's Hospital in a state of syncope, from profuse bleeding from a wound, of the size of a large pea, in the right side of the neck, situated one inch below and in front of the angle of the jaws. April 16th,—Hæmorrhage to the extent of an ounce, of a dark, venous colour, and in a continuous stream, easily stopped by a compress. 21st,—Restless. Wound discharging healthy pus. 22d,—Hæmorrhage of the same character and of same extent as on 16th. 29th,—Hæmorrhage at mid-day. In the night a fit, and hemiplegia. May 9th,—Death. The wound had passed between the external carotid artery and internal jugular vein, and ended in a lymphatic gland lying upon the muscl. rect. capitis ant. maj. The internal carotid, implicated in the back of the wound, was quite impervious. The right cerebral hemisphere was softened, and contained three abscesses.

LE GROS CLARK.—*Deligation of the Common Carotid Artery for Wound of the External Carotid; Recovery.* Med. Times and Gaz., February 25, p. 190.

STANLEY.—*Ligature of the Carotid for Hæmorrhage from the Tonsil; Recovery. Subsequent softening of the Brain; Death; Autopsy.* Med. Times and Gaz., January 28, p. 88.

STEWART, Dr.—*A Case of Phlebitis of the Femoral Vein, and Rupture of the Internal and Middle Coats of the Femoral Artery, resulting from a Blow with a Stick on the Groin whilst the Leg was extended.* Lancet, July 21, p. 62.

HILTON.—*Case of Severe Gunshot Injury to the Femoral Vessels.* Med. Times and Gaz., March 3, p. 216.

The upper part of the thigh was struck by a charge of small shot, which divided the superficial femoral artery. The patient died of tetanus.

CRAVEN, R. M.—*Traumatic Aneurism of the Radial Artery, successfully treated by Compression and Flexion, and afterwards by Extension.* Brit. Med. Jour., Nov. 3, p. 859.

The treatment lasted fourteen weeks.

2. *Aneurisms.*

ANEURISM.—*Report on the Treatment of External Aneurism.* Med. Times and Gaz., January.

PEMBURTON, OLIVER.—*On the Treatment of Aneurism from Anastomosis by Excision.* Lancet, May 26, p. 576.

SYME.—*On the Treatment of Axillary Aneurism.* Lancet, May 5, p. 444, and Med. Times and Gaz., May 5, p. 437, and Med.-Chir. Tr.

A paper read before the Medical and Chirurgical Society, in which the author advocated the treatment of axillary aneurism, in particular, by deligation of the affected artery, immediately above and below the sac, which should be afterwards opened and emptied. This he considered preferable to the Hunterian operation, and thought it might perhaps be extended with advantage to the treatment of other aneurisms. His arguments were mainly drawn from a case of false axillary aneurism, following complete laceration of the vessel, where he adopted this plan with success.

PAGET.—*Ligature of the Subclavian Artery for Axillary Aneurism.* Med. Times and Gaz., July 14, p. 34.

SKEY.—*False Axillary Aneurism, after Fracture and Dislocation of the Humerus.* Med. Times and Gaz., Jan. 14, p. 34.

In this case Skey exposed and tied the axillary artery above and below the seat of injury. The dissection was difficult, in consequence of the consolidation of the tissues, and much blood was lost. Death ensued thirty hours after the operation. The axillary artery, where it is surrounded by the brachial plexus, and the radial nerve, were torn across. Skey thought that these injuries had probably been inflicted by a sharp fragment of the humerus, which had been obliquely fractured. The capsule of the shoulder-joint had been lacerated.

LAWRENCE.—*Femoral Aneurism; Trial of Compression; Ligature of the Femoral Artery; Phagedena of the Wound, and Suppuration of the Sac; Recovery.* Med. Times and Gaz., March 31, p. 316.

QUAIN, Mr.—*Aneurism of the Left Femoral Artery, treated by Compression; Consolidation of the Tumour within fifteen weeks.* Lancet, Oct. 13, p. 358.

The aneurismal tumour, as large as a pigeon's egg, was situated about four fingers' breadth below the groin, in the middle line. The cure was retarded by the occurrence of slough, from the pressure caused by the pads of the instruments.

COLLES, W.—*Case of Popliteal Aneurism; Compression; Great increase of the Tumour; Flexion of Limb; Cure.* Dublin Hosp. Gaz., June 15, p. 177.

The patient, only twenty-one years old, was intemperate, and had had syphilis. The tumour, of the size of a goose's egg, was of six weeks' duration. Pressure at Poupart's ligament was, on two occasions, maintained for ten days, when suppuration of the sac threatened. Extreme flexion of the leg on the thigh was then employed successfully.

SMITH, H.—*A Case of Aneurism of the Popliteal Artery; Trial of Compression; Ligature of the Superficial Femoral Artery; Subsequent Suppuration and Bursting of the Aneurismal Sac; Recovery.* Med. Times and Gaz., June 30, p. 644.

POLAND.—*Rupture of the Popliteal Artery; Ligature at the Injured Spot; Gangrene; Amputation; Death.* Med. Times and Gaz., February 18, p. 163.

————*On Rupture of the Popliteal Artery and Popliteal Aneurism.* Guy's Hosp. Reports, p. 281.

3. *Embolia of Arteries.*

NELATON.—*New Case of Spontaneous Gangrene, showing the Existence of Emboli.* Journal de Médecine et de Chirurgie Pratique. Ann. par Jamain et Wahu, p. 164.

December 9th.—A middle-aged female, a domestic servant, felt indisposed; she had a dry cough, and shortness of breath on going up stairs. 14th.—In the evening she was suddenly seized with excruciating pain in the cardiac region, extreme dyspnœa, and apprehension of death. Nelaton diagnosed endocarditis, and ordered fifteen leeches to be put over the heart. There was great relief and improvement on the following morning, when her chest was examined by Dr. Bean, who found nothing wrong with the heart or lungs, and thought she had probably had a fit of asthma. At five o'clock p.m. she was taken with sharp pain, cramp in the right leg. Next day this limb was cold, blanched, and insensible; the arteries of the foot, leg, and thigh, did not pulsate, and no pulsation could be felt above the groin. Dry gangrene ensued, the intolerable pain was not relieved by opium, and, as the patient's health was failing, Nelaton amputated at the place of election. Notwithstanding this, the pain continued, and death took place eight days afterwards.

Sect. cadav.—An ossification connected with the mitral valve. In the auricle, a red clot, with small, depressed, white spots on it, slightly adhering to the inner surface of the auricular appendix. It contained in its centre a white, puriform fluid, which was softened fibrine. The right common and the external iliac artery were plugged with a soft, brownish clot.

CHARCOT.—*Intermittent Limping in a Case of Complete Obliteration of the Art. Iliaca Communis.* Gaz. de Par., xix, 1859. Schmidt, No. 7, p. 71, vol. 107.

(B) VEINS.

LANGENBECK.—*Contributions to the Surgical Pathology of Veins.* Archiv f. Klin. Chir., vol. i, part 1, p. 1.

GIRDWOOD.—*On Three Cases of Phlebitis occurring in Patients affected with the Syphilitic Poison.* Lancet, June 23, p. 619.

(c) HÆMOSTATICS.

TAYLOR.—*On Acupressure.* Med. Times and Gazette, March 24, p. 301.

The employment of acupressure in aneurism and secondary hæmorrhage is suggested by the author, who relates an experiment he made on a sheep, in which he passed a bodkin beneath the carotid artery, inserted a harelip-pin in the eye of the bodkin, and then, bending the pin down across the artery, tied it and the bodkin together. After forty-eight hours he removed this "acupressor," and next day, when the animal was killed, he found the artery firmly plugged with clot.

DIX.—*On the Advantages of Acupressure over the Ligature.* Med. Times and Gaz., June 2, p. 546.

VERNEUIL, Dr. A.—*On the Difficulties met with in Tying the Arteries of the Leg after Amputation just below the Knee, and on Deligation of the Popliteal Artery as a Substitute.* Archiv. Gén., Août, 1859. Schmidt, No. 4, p. 78, vol. 106.

ROUX, J.—*On the Proper Place for Deligation in Wounds of Arteries.* Gaz. Hebdom., vi, 14, 1859. Schmidt, No. 6, p. 328, vol. 106.

SIMPSON, J. Y.—*On the Arrestment of Surgical Hæmorrhage by Acupressure. A Letter to Dr. Cathcart Lees.* Dublin Hosp. Gaz., Jan. 2, p. 7.

SIMPSON, J. Y.—*Acupressure; a New Method of Arresting Surgical Hæmorrhage.* Edin. Med. Jour., Jan., p. 645.

SIMPSON, J. Y.—*On Acupressure in Amputations.* Med. Times and Gaz., Feb. 11, p. 137.

Simpson recommends the compression of bleeding vessels, on the face of the stump, by long needles, which are to be passed through the thickness of the flaps, across the vessels, in such a manner as to embrace a small portion of tissue on either side of them. He says the needles may be withdrawn on the second day.

EDWARDS, A. M.—*A Sketch of the History of the Surgical Means for Arresting Bleeding from Arteries.* Brit. Med. Jour., March 31.

TUMOURS.

1. *General Pathology, &c.*

BILLROTH.—*The Classification, Diagnosis, and Prognosis of Tumours, from a Surgical-clinical Point of View, concisely written for Practical Surgeons.* Deutsche Klinik, No. 10 — 43, 1859. Canst., vol. iv, p. 294.

WEBER, OTTO.—*Surgical Experiences and Investigations, &c.* pp. 280. Canst., vol. iv, p. 301.

An analytical review of 740 cases of tumours.

BIRKETT, J.—*Contributions to the Practical Surgery of New-growths or Tumours.* Series III, *Cysts* (continued). Guy's Hosp. Reports, p. 452.

2. *Non-malignant Tumours.*

Particulars of twenty-four cases are reported in Med. Times and Gaz., May 19, p. 497, 1860.

HYDATIDS.—*Tabular Report of Thirty-three Cases of Hydatid Tumours.* Med. Times and Gaz., April 7, p. 343.

CRITCHETT.—*Large Tumour of the Thigh; Operation; Evacuation of Hydatids.* Med. Times and Gaz., April 7, p. 343.

QUAIN.—*Case of Hydatid Cyst in the Pelvis; Puncture of the Rectum; Suppuration of the Sac; Recovery.* Med. Times and Gaz., May 19, p. 495.

COCK.—*Large Cystic Tumour in the Ischio-rectal Fossa.* Med. Times and Gaz., Dec. 29, p. 637.

This cyst, of twenty years' growth, formed a large tumour on the left side of the anus and buttock, and reached into the pelvis for several inches by the side of the rectum. It contained a large quantity of fetid, dirty, brown fluid, and did not communicate with the bowel.

PAGET.—*Ganglion beneath the Annular Ligament; Free Incision; Recovery.* Med. Times and Gaz., Dec. 8, p. 558.

The ganglion, which projected on either side of the annular ligament, and had been previously tapped and injected with iodine, was laid freely open, after which the hand was bound to a flexible tin splint. Little suppuration took place, and the wound quickly granulated.

BALASSA.—*On Extra-thyroideal Cystic Tumours in the Neck.* Wien Med. Wochnschr., 46, 47, 1859. Schmidt, No. 8, p. 232, vol. 107.

Mucous cysts in the thyro-hyoid region originate in one of the three mucous bursæ in the neighbourhood of the hyoid bone, of which, according to Gurlt, the infra-hyoideal is most commonly affected. Three cases of this kind are reported, as well as one of congenital cystic hygroma in the axillary region of a six-months-old child.

CADGE.—*Cases of Myeloid Disease.* Lancet, July 21, p. 59.

HESCHL.—*On Skin-horns.* Oesterr. Zeitschr. f. prakt. Heilk., vol. iv, 1859. Schmidt, No. 4, p. 26, vol. 106.

With Virchow, Heschl distinguishes three kinds of skin-horns—1st, the rarest have in their centre an elongated, dermal papilla, and are therefore colossal warts; 2d, the commonest, especially on the hairy scalp, have their origin in ruptured cystic tumours; 3d, a circumscribed, excessive ichthyosis. He relates a very remarkable case of the last kind, where a Jewish girl, æt. 15, had sixteen horns; most of them were on her right leg, and they varied from the size of a common wart to two seconds in diameter and six seconds in length.

HILTON.—*Large Fibro-plastic Tumour over the Spermatic Cord; Removal.* Med. Times and Gaz., Nov. 10, p. 453.

The tumour, but loosely connected to the cord, was about the size of a large Spanish onion, and had existed as long as the patient, æt. 26, could recollect.

Flower.—*Very large Fibro-cellular Tumour of the Scalp, of thirty years' growth, in a Female; Successful Removal.* Lancet, October 29, p. 409.

The tumour sprang from the pericranium, and weighed three pounds one and a half ounce. Its base measured eighteen and a half inches round, and covered the right parietal bone, the squamous portion of the temporal, and part of the occipital bone. Its removal was attended with free hæmorrhage.

Ward.—*A Congenital Tumour of the Scalp; Excision; Recovery.* Med. Times and Gaz., May 19, 496.

Moore, W. D.—*On Fibrous Polypus at the Base of the Skull, extirpated by Resection of the Upper Jaw, in the Surgical Department of Frederick's Hospital.* (Translated from the Hospitals-Tiedende, Copenhagen, 19 Oct., 1859.) Dub. Hosp. Gaz., No. 1, p. 324.

Hilton.—*Case of Fibrous Tumours of the Lobule of the Ear.* Lancet, March 24, p. 294.

Price, P. C.—*Scrofulous Diseases of the External Lymphatic Glands; their Nature, Variety, and Treatment.* Brit. Med. Jour., July 21, p. 558, to Dec. 1, p. 937.

De Larne.—*Curious Case of Inflamed Lymphatic Gland, simulating a Strangulated Hernia.* Jour. de Méd. de Bord. Ann. par Jamain et Wahu, p. 225.

Billroth.—*Observations on Tumours of the Salivary Glands.* Archiv für Patholog. Anat. u. Physiolog., vol. xvii. Canst., vol. iv, p. 305.

An account of the microscopic anatomy of these tumours, and of their surgery.

Erichsen.—*The Diagnosis of Tumours of the Breast.* (Clinical Lecture.) Brit. Med. Jour., March 31, p. 239.

Birkett.—*Recurrence of an Adenocele, or Mammary Glandular Tumour, after Three successive Removals.* Lancet, July 28, p. 81.

Adams, John.—*Mammary Glandular and Sero-cystic Tumour.* Lancet, July 28, p. 81.

Fergusson.—*Case of Mammary Glandular Tumour, with preponderance of Fibrous Tissue, commencing at fourteen years of age.* Lancet, July 28, p. 82.

Lotzbeck.—*General Hypertrophy of the Mammary Gland, with an unusual abundance of Fatty Matter in the Secretion.* Wien Med. Wochnschr., No. 10, 1859. Schmidt, No. 4, p. 51, vol. 106.

The breast weighed sixteen and a half pounds.

Fleming, Dr.—*Case of Sero-cystic Disease of the Female Breast.* Dub. Hosp. Gaz., Sept. 1, p. 258.

Fleming had removed a similar tumour from the same lady seven years before.

Tumours of Breast.—*Report of Twenty-seven Cases of Removal of the Breast for Tumours of various kinds.* Med. Times and Gaz., May 12, p. 473.

3. *Malignant Tumours.*

FERGUSSON.—*Excision of a Scirrhous Breast in a Woman æt. 70; Recovery.* Med. Times and Gaz., May 19, p. 495.

LOTZBECK.—*Five Cases of Cancer of the Thyroid Gland.* Deutsche Klinik, Nov. 8, 1859. Canst., vol. iv, p. 332.

BIRKETT.—*Excision of a Melanotic Tumour from the Thigh.* Med. Times and Gaz., Nov. 10, p. 455.

MALIGNANT TUMOURS.—*Particulars of Twenty-four Cases Reported in the Lancet*, No. 14, p. 498.

BUEZ, A.—*On Cancer and its Curability.* Paris, J. B. Baillière, 1860.

Treats of the pathological anatomy and the surgical treatment of carcinoma.

ARNOTT, DR. JAMES.—*On the Curability of Cancer.* Lancet, p. 14.

HUNT, THOS.—*Palliative Treatment of Cancer.* Brit. Med. Jour., Jan. 21st, p. 47.

Treats of cases of true scirrhus of the breast, in which there is a hard, moveable tumour, not yet advanced to the stage of ulceration. The pressure of a tight corset is to be avoided, and the breast is to be shielded by a cushion of cotton-wool. Pain should be relieved by a belladonna plaster.

ERICHSEN.—*On Epithelioma.* Brit. Med. Jour., March 17, p. 201.

A clinical lecture, describing this disease and the differences between it and true cancer. Early and free extirpation is recommended.

HUTCHINSON, J.—*A Clinical Report on Epithelial Cancer.* Med. Times and Gaz., Oct. 6, p. 335; 13th, p. 355; 20th, p. 378; 27th, p. 405; Nov. 3d, p. 431; 24th, p. 503; Dec. 1st, p. 531; 8th, p. 557.

This is an analysis of 115 cases of epithelioma, affecting different parts of the body, which have been recorded in this journal since July, 1853.

RODENT ULCER.

HUTCHINSON, J.—*A Clinical Report on Rodent Ulcer.* Med. Times and Gaz., August 18th, p. 156; 25th, p. 182; Sept. 15th, p. 260; 29th, p. 304.

From an analysis of forty-two cases of this disease, Hutchinson shows its distinctness from lupus and epithelioma. The only treatment it admits of is local—removal by escharotics or by excision.

BONES.

I.—DISEASES.

1. *Tumours.*

NELATON, E.—*On a New Kind of Benign Tumours of Bone, or "Tumeurs à Myéloplaxes."* Paris, Adrian Delahaye, 1860.

These tumours are characterised by the presence of large, irregular, cell-like, polynucleated bodies, termed by Ch. Robin "myéloplaxes." Judging from the illustrations, these tumours seem to be identical with those called myeloid in this country.

POLAND.—*Enchondroma of the Fibula and Tibia.* Lancet, July 28, p. 92.

II.—FRACTURES AND LUXATIONS.

1. *Manuals, Treatises, Lectures, and Reports.*

OTTO WEBER.—*Surgical Experiences and Investigations.* Berlin, 1859. Canst., p. 160, vol. iv.

The second part of this work contains some practical remarks on fractures, together with an analysis of 733 cases. In Weber's practice the plaster-of-Paris bandage has, since 1853, displaced almost all other modes of treatment.

PITHA.—*On the Treatment of Fractures.* Wiener Spitalszeitung, 2 u. 3, literar. Beilage zum ärztl. Intelligenzblatt, 1859. Canst., p. 163, vol. iv.

Rejecting cold-water dressings as useless, or even injurious, in fractures, Pitha, as a rule, at once applies a permanent retentive apparatus. He generally employs Laugier's pasted-paper bandage (splint), which dries after a few hours.

WAGNER, A.—*On the Treatment of Fractures which have united with Deformity by Forcible Bending.* Königsberg, Medicin Jahrb., vol. i part 3, 1859.

HEIN, R.—*On the Regeneration of Broken and Resected Bones.* With three plates. Virchow's Archiv f. Patholog. Anat. u. Physiol., &c., vol. xv, parts 1 and 2. Canst., p. 163, vol. iv.

Forty-eight resections and twenty fractures, experimentally made in animals, constitute the basis of this paper.

RABL, Dr. J.—*On the Treatment of Fractures.* Wien Ztschr., N. F. ii, 20, 1859. Schmidt, No. 4, p. 74, vol. 106.

GURLT.—*Manual on Fractures of Bones.* Frankfurt, 1860. Meidinger, Sohn u. Co.

This is a large and comprehensive work, to be completed in four parts, each consisting of from fifteen to eighteen sheets.

GOSSELIN.—*On Irreducibility and Consecutive Deformity in Fractures of Long Bones.* Gaz. Hebdom., v, 9 and 11, 1859. Schmidt, No. 10, p. 56, vol. 108.

Even where there is no displacement, Gosselin says that deformity may, nevertheless, happen from an hypertrophy of the broken bone, which is sometimes the cause of chronic pain. Muscular atrophy is another second cause of consecutive deformity; the muscles of the lower extremity are more liable to it than those of the upper, and the wasting lasts a long time, or never wholly disappears. He attributes it, in the first instance, mainly to the immobility in which the limb is kept during the consolidation of the broken bones, and explains its continuance by the supposition that the blood-current, which at first flows more strongly to the broken bone for its repair than to the muscles, remains subsequently diverted. The irreducibility of various forms of displacement is lastly treated of.

2. *Infraction.*

Betz.—Memorabilien, v, 5, 1860. Schmidt, No. 10, p. 61, vol. 108.
Blasius.—Deutsche Klin., 18. Ib., p. 62.

Senator.—Med. Centr. Ztg., xxviii, 71, 1859. Ib.

Cases of infraction of the femur, tibia, ribs, vertebræ, and sternum.

3. *False Joints, &c.*

Jordan, Jos.—*The Treatment of False Joints by Periosteal Autoplastic Operation.* Baillière, Paris, 1860.

Jobert de Lamballe.—*Complicated Fracture of the Leg; False Joint; Cure by a Hair Seton, without Irritation of the Ends of the Bones.* L'Union, 48. Schmidt, No. 12, p. 343, vol. 108.

Here the periosteum only, and not the bone, was supposed to have been excited by the seton.

Ollier.—*Sub-periosteal Resections.* Gaz. Hebdom., Nos. 33, 37, 43, 45, 50, and 53, 1858. Canst., vol. v, p. 215.

Sub-periosteal resection presents this feature, that it not merely preserves the patient's limb, but attempts the reproduction of the bone. With particular reference to this point, Ollier has analysed thirteen operations of this kind performed by Larghi; in two of the most remarkable of these, considerable portions of the humerus were reproduced.

Langenbeck.—*Contributions to Osteoplasty: a preliminary communication.* Deutsche Klinik, No. 48. Canst., vol. v, p. 235.

The author shows that it is possible to get reunion of a bone which has been completely separated from its bony connections, so long as the periosteum covering it remains connected with that of the parent-bone by a bridge. He illustrates the reproduction of bone by the periosteum, by some very remarkable cases where the knowledge of this fact was turned to practical account in operating.

4. *Fractures of Bones of Face.* (For Jaws and Skull, *see* "Head.")

Pellarin.—*Fracture of the Zygomatic Arch, with Dislocation of the Malar Bone.* L'Union, 58. Schmidt, No. 10, p. 59, vol. 108.

Salter, Jas.—*On a Case of Fracture of the Superior Maxilla, and its Treatment.* Lancet, June 16th, p. 593.

5. *Spine.*

Tüngel, Dr.—*Caries of the Atlas and Axis; Luxation of the Atlas, and Compression of the Spinal Marrow by the Odontoid Process.* Virch.'s Archiv, xvi, p. 369, 1859. Schmidt, No. 7, p. 66, vol. 107.

Bondesen.—*Dislocation of the Cervical Vertebræ.* Hosp. Tidende, 14, 18, 1859. Schmidt, No. 7, p. 66, vol. 107.

Keig.—*Luxation of the Lumbar Vertebræ; Fracture of several Ribs; Rupture of the Liver, Spleen, several Muscles, &c.* Hygiea, Bd. xx, p. 116. Schmidt, No. 7, p. 60, vol. 107.

Breithaupt.—*Fracture of the Fifth and Sixth Cervical Vertebræ.* Pr. Ver.-Ztg., N. F. 1, 50—52, 1858. Schmidt, No. 7, p. 65, vol. 107.

6. *Chest.*

Mall.—*Luxation of the Sternal End of the Collar-bone backwards.* Allg. Wien. med. Ztg., 49, 1859. Schmidt, No. 5, p. 200, vol. 106.

This was caused by a fall from a tree. The lad's face was œdematous and cyanotic, his neck was swollen, and the vena jug. inf. was very prominent. There was considerable dyspnœa, difficulty of swallowing, and pain in the supra-sternal notch, where a foreign body was felt. A loud whistling was heard in the trachea. The manubrium sterni was prominent, and a grooved depression occupied the situation of the left sterno-clavicular joint. The left shoulder stood lower, and more inwards than the right, and the distance from the acromion to the sternal articulation was less on the left side. The luxation was easily reduced by drawing the shoulder outwards, upwards, and backwards, whilst slight pressure was made on the upper part of the sternum. The patient felt immediate relief, and the cyanosis, dyspnœa, &c., soon disappeared.

Canton.—*Dislocation of the Sternal End of the Clavicle forwards, from Injury.* Lancet, Sept. 15th, p. 265.

A labourer, æt. 46, was knocked down by a cab. He thought he fell on his right shoulder. The sternal end of the right clavicle was prominent, and about half an inch lower than on the opposite side. The trapezius of the same side was somewhat relaxed. The sterno-mastoid was very tense, with a deep fossa behind it; there was no rupture of its sternal portion. Right shoulder rather lower than the other. The distance from the centre of the sternum to the acromion about half an inch less than on the left side. The length of the clavicles the same on both sides. The head bent towards the right side. Movements of the arm but little affected. Reduction was effected by drawing the shoulder backwards, raising the arm considerably, and directing the clavicle to its normal position by pressure anteriorly.

Turner.—*Case of Death from Hæmorrhage after Fracture of a Rib, without External Mark of Injury.* Med. Times and Gaz., Dec. 2, p. 607.

A gunner in the Horse Artillery was hit, whilst fencing, with a light cane on the eighth rib on the right side. There was no outward mark of injury, but he became collapsed, and died seventeen hours afterwards. The eighth rib was fractured, and a small twig of the intercostal artery entering the bone at this point was torn through. The trunks of the intercostal artery and vein were uninjured. The right pleural sac contained about five pints of blood.

Tatum.—*Fracture of the Ribs, Sternum, and Lower Jaw, with Bleeding and Serous Discharge from the Temporo-maxillary Articulation through the Ear, from a Fall.* Lancet, Dec. 1, p. 536.

Tatum.—*Fracture of the Ribs and all the Lumbar Vertebræ; Laceration of the Pleura, Theca Vertebralis, and Spleen.* Ib., p. 537.

Bryant.—*Fracture of the Ribs and Emphysema, with Dislocation of the Acromial End of the Clavicle, from a Squeeze between two Railway Buffers; Recovery.* Ib.

In the first of these cases the serous discharge, which was considerable, was determined after death to have flowed from the temporo-maxillary joint into the cartilaginous portion of the meatus, thus simulating the discharge of cerebro-spinal fluid.

BASTIAN.—*Fracture of the Second Rib in a Child; General Emphysema of the Entire Body, from Wound of the Lung and Pleura; Fatal Result.* Lancet, Dec. 1, p. 538.

Henry S—, æt. 9, was admitted into University College Hospital, Sept. 20th, 1860, at six o'clock p.m., the wheel of an omnibus having, ten minutes previously, passed over his chest. There was intense general emphysema of the whole body, from the scalp to below the knees. The face was dusky. The skin over the chest was tense, and no broken rib could be felt. There was urgent dyspnœa, marked pneumothorax on the right and slight on the left side, and a weak, rapid pulse. The dyspnœa increasing, when the child had almost ceased to breathe, and the pulse could scarcely be felt, the house-surgeon (Bastian) thrust a small trocar into the right side of the chest, between the fifth and sixth ribs. Air rushed out for several seconds, and the symptoms were immediately relieved; the child, however, sank, and died in a few minutes. A small splinter of the second rib had pierced the pleura and lung.

7. *Upper Extremity.*

EWEN.—*Case of Intra-uterine Fracture of the Clavicle.* Med. Times and Gaz., May 12, p. 482.

SKEY.—*Clinical Observations on some Complicated Injuries about the Shoulder-joint, and on Fracture of the Scapula.* Lancet, April 14, p. 368.

THADEN, Dr.—*On Axillary Dislocations.* H. u. Pf.'s Ztschr., 3 Reihe, v, p. 180—199, 1859. Schmidt, No. 4, p. 71, vol. 106.

Thaden describes a case of dislocation of the humerus into the axilla, with the appearances displayed in dissection. The arm could be easily rotated outwards. The elbow stood away from the chest, and could not be made to touch it. The arm seemed to be somewhat lengthened; the empty glenoid cavity could be felt below the projecting acromion; the tip of the coracoid process was prominent, and an inch below it the head of the humerus was found; the position of the latter, with reference to the glenoid cavity, was downwards, forwards, and inwards. The dislocation was reduced, but the patient, a woman, aged 42, died on the third day, in consequence of other severe injuries. The soft parts around the joint showed extravasation, particularly in the armpit, and into the connective tissue between the vessels and nerves. The head of the humerus was in the articular cavity. The two upper facets of its greater tuberosity, forming a piece the size of half a walnut, were split off, and lay on the head, upon which they could be slid, and to which they were still attached by periosteum and capsule. The capsule was torn at its humeral insertion; the rent ran from a quarter of an inch below the lesser tuberosity backwards to a quarter of an inch from the greater. Two smaller lacerations, half an inch long, occurred, near together, in the neighbourhood of the greater tuberosity. The lower border of the muscl. subscap. was torn.

LOTTERER.—*Case of Luxation of the Humerus, with Fracture of its Surgical Neck.* Ztschr. f. Chir. u. Geburtsh., xii, p. 265, 1859. Ib.

STEIGER, Dr. J. R.—*On Luxations of the Shoulder-joint.* Schw. Mon. Schr., iv, p. 309, 1859. Ib., p. 326.

According to the author, there is only a single primary dislocation of the head of the humerus downwards. Secondary displacements may be caused by the continued action of external forces, or by muscular contraction, and these have been hitherto considered distinct forms. The signs of primary luxation are so clear, that even when complicated by swelling, fracture of the surgical neck of the humerus or scapula, they can scarcely, the author thinks, be overlooked. He practises Celsus' method for effecting reduction—upward extension of the arm, and counter-extension, by a towel carried over the shoulder.

MIDDELDORPFF.—*The Upright Luxation of the Shoulder.* Das., 3, 4, 17, u. 19, 1859. Schmidt, No. 5, p. 201, vol. 106.

A report of two cases where the arm remained in a raised position above the head (subvarieties of luxatio humeri erecta).

SOLLY.—*Compound Fracture of the Scapula; Recovery.* Med. Times and Gaz., Oct. 13, p. 957.

A boy, aged 16, was thrown on his face from a cart, the wheel of which passed over his right shoulder from below upwards, making a wound through which the lower angle of the scapula projected, and breaking off a small piece of the bone. The protruding bone was replaced with difficulty, and it was necessary to enlarge the external wound.

SISSONS, H.—*Dislocation of the Humerus into the Subscapular Fossa.* Med. Times and Gaz., Dec. 8, p. 559.

Cases of Luxations of the Upper Extremity, by J. RESSEL, RABAINE, MICHON, J. HOPPE, LOTTERER, STEIGER, HUGNIER. Schmidt, No. 9, p. 323, vol. 107.

RESSEL.—B. Ver.-Ztg., N. F. iii, 9.

Reports several cases of luxation of the thumb; in three of luxation of the metacarpo-phalangeal joint, the first phalanx was twice dislocated towards the palmar aspect, and once towards the dorsal. In five cases of luxation of the last phalanx of the thumb, the displacement was backwards. Ib.

RABAINE.—Journ. de Bord., 2 sér., v, p. 93.

Reports a case of dislocation forwards of the first phalanx of the thumb. Ib., p. 324.

MICHON.—*A Case of Old Luxation of the Head of the Radius forwards and inwards.* Allg. Wien. Med. Ztg., 17. Ib.

HOPPE.—*The Reduction of a Dislocation of the Elbow-joint of Fourteen Weeks' Duration.* Pr. Ver.-Ztg. N. F. iii, 5. Ib. p. 325.

Flower.—*Compound Dislocation of the Elbow; the Radius and Ulna thrown directly outwards; Reduction, with Good Use of the Joint.* Lancet, Oct. 13th, p. 360.

Goyraud.—*On Displacement of the Lower End of the Ulna over the Triangular Cartilage.* Gaz. de Par., 42, 43, 44, 48, 49, 1859. Schmidt, No. 5, p. 203, vol. 106.

Goyraud thinks this more common than any other luxation. It usually happens in young children, when, in falling, they are dragged by the hand to keep them up; at this moment the person who has hold of the child's hand feels a snapping noise; the child gives a cry, and its arm drops; the forearm is slightly flexed; the hand pronated, and cannot be moved. A mechanical impediment opposes attempts to forcibly supinate the hand. An œdematous swelling appears on the back of the wrist. According to the author, this would appear to have been often mistaken for an injury of the elbow-joint.

Lorinser.—*Fracture at the Lower End of the Bones of the Fore-arm.* Wien. Med. Wchnschr., 10. Schmidt, No. 10, p. 50, vol. 108.

The author calls attention to the frequent fracture of the radius 6—9‴ above its lower articular surface.

Smith, R. W.—*Clinical Observations on Disjunction of the Lower Epiphysis of the Radius.* Dublin Hosp. Gaz., Feb. 15, p. 49.

Coote, Holmes.—*On Congenital Dislocations of the Hip.* Lancet, Dec. 22d, p. 609.

A *précis* of the morbid anatomy of this luxation, drawn from various authors.

Bryant.—*Reduction of a Dislocation at the Hip by Manipulation, after Pulleys had failed.* Med. Times and Gaz., Nov. 10th, p. 457.

Bonnafont.—*Cases of Luxation of the Coccyx.* L'Union, 9, 1859. Schmidt, No. 2, p. 218, vol. 105.

Demarquay.—*Cases of Luxation of the Hip.* L'Union, 29, 1859. Schmidt, No. 2, p. 215, vol. 105.

Buez.—*Luxation of the Thigh on the Pubis.* Gaz. de Strasb., 6, 1859. Schmidt, No. 2, p. 217, vol. 105.

Holthouse.—*Lateral Dislocation of the Knee-joint, with the formation of a Foreign Body; synovitis; Recovery.* Lancet, June 16th, p. 595.

Phillipeaux, Dr. R.—*On Complete Luxation of the Patella outwards.* Journ. de Brux., xxvii; p. 26, June, 1859. Schmidt, No. 4, p. 73, vol. 106.

For the reduction of dislocations of the patella, Phillipeaux recommends forced flexion of the leg, with subsequent extension.

Bourguet.—*Rupture of the Ligamentum Patella.*—Gaz. des Hôp., 15. Schmidt, No. 8, p. 207, vol. 107.

Smith, R. W.—*Case of Fracture of the Tibia; Disjunction of its Inferior Epiphysis.* Dub. Hosp. Gaz., Oct. 1st, p. 289.

STANLEY.—*Compound Dislocation of the Ankle-joint; Reduction; Tetanus on the fifth day; Death; Autopsy.* Med. Times and Gaz., Aug. 4th, p. 107.

HUTCHINSON, J.—*A Report on Dislocations of the Astragalus.* Med. Times and Gaz., Dec. 8th, p. 581.

Five cases of this injury are here related.

LEGOUEST, L.—*Fractures of the Calcaneus.* Arch. gén., 5 sér., xvi, p. 148; Août. Schmidt, No. 12, p. 341, vol. 108.

Legouest describes this fracture from three cases which had come under his notice during the past year. He says it is generally produced by a fall on the heel, and has been termed by Malgaigne "fracture par écrasement." In all cases the transverse diameter of the foot is increased at the seat of fracture, whilst the depressed heel is lengthened backwards. Crepitation is often obscure or absent; this renders the diagnosis difficult, especially when the displacement is slight.

8. *Retentive Apparatus.*

MOREL-LAVALLÉE.—*An Articulating Bandage, a New Method of preventing Stiffness and Anchylosis in Fractures.* Bull. de Thér., lviii, p. 202, Mars. Schmidt, No. 8, p. 230, vol. 107.

Stiffness is to be prevented by passive motion of the fractured limbs, and in order to facilitate this the opposed surfaces of the inner and outer dextrine bandages which Morel-Lavallée employs are lubricated with tallow or other fatty matter, opposite the joints.

DÜRR.—*A System of Gutta-percha Splints, with Simplification of their Parts.* Preuss. milit. ärztl. Ztg., 11. Schmidt, No. 10, p. 68, vol. 108.

Dürr uses a mixture of five parts of gutta percha, two of hog's lard, and one and a half of white-pine resin, which softens and hardens more rapidly, and is less dear than crude or rolled gutta percha, does not shrink, and is made new again by re-melting.

FLEMING, CHR.—*Remarks on the use of the Plaster of Paris or Gypsum Bandage, in the Treatment of Fractures, Dislocations, &c.* Dub. Hosp. Gaz., Sept. 15th, p. 273.

An account of Gurlt's plan of using this bandage, with an historical sketch, by Gurlt, of the employment of plaster of Paris in the treatment of fractures.

SCHULTZ, HERMN.—*The Wadding Bandage; from Personal Experience.* Deutsche Klin., 6—9. Schmidt, No. 9, p. 321, vol. 107.

The author has obtained the happiest results in cases of severe injury, from the use of wadding bandages, a plan which, according to his experience, is superior to so-called antiphlogistic modes of treatment. Of forty-five complicated fractures put up in wadding, not one patient died, no limbs were lost; erysipelas, pyæmia, and gangrene, in spite of overcrowding of the hospital, never occurred. After removal of loose splinters and the adjustment of the broken bones, the injured limb is to be directly wrapped in a layer of wadding, one and a half to two inches thick, and then pretty firmly bandaged. Over this splints are to be applied, and the limb fixed in a comfortable position with cushions, &c. Bleeding, unless from a large vessel, is no hindrance to the application of the wadding. The pain is said to abate, and no fever occurs, merely a moderate reaction. The apparatus requires changing about the fifth day. Amputations and resections may be treated in this manner. He reports several cases of fractures.

III.—Diseases of Joints.

Weber, W.—*On the Changes of Cartilage in Diseases of the Joints.* Virchow's Archiv, xiii, 1, pp. 74—92, 1858. Schmidt, No. 4, p. 66, vol. 106.

Weber's observations refer especially to the intra-cellular origin of pus, and to the formation of vessels, the presence of which in inflamed cartilage is as undeniable as it is in the inflamed cornea.

Barwell.—*On the Pathology and Treatment of Scrofulous Diseases of the Synovial Membrane of Joints.* Lancet, June 16th, 23, 30.

Barwell considers that scrofulous synovitis is at first not essentially distinct from other inflammations of the synovial membrane, and that the difference lies in the inaptitude of the inflammatory products to undergo further development. In consequence of this they remain in the form of a spongy granulation-tissue, constituting the condition termed gelatinous degeneration. He recognises three stages:

1st. That in which the synovial and subsynovial tissues are alone involved.

2d. That in which the cartilage and bone become involved.

3d. That in which the new tissue either begins to consolidate into fibrous membrane, or to degenerate.

He expresses an unfavorable opinion of issues and poultices, but speaks warmly of the advantages of the actual cautery and pressure.

Chassaignac.—*Intra-articular Suppurations of the Knee-joint.* Union Méd. de la Gironde. Ann. par Jamain et Wahu, p. 176.

This surgeon distinguishes two kinds—1. An acute suppuration, involving the whole joint, almost constantly fatal. 2. A chronic, and often circumscribed, suppuration, from which the patient may recover with or without anchylosis. "This favorable termination," he adds, "is quite exceptional." The use of drainage-tubes in both kinds of abscess is advocated, and numerous cases in which they were advantageously employed are reported.

Hein, Dr. Reinhold.—*On Chronic Inflammation of Joints.* Virchow's Archiv, xiii, 1, pp. 16—28, 1858. Schmidt, No. 4, p. 68, vol. 106.

Hein describes some specimens of chronic inflammations of joints (chronic rheumatic arthritis). He found Haversian canals in thin slices from the eburnated surfaces of the bones, a fact opposed to Gurlt's statement that the polished portions contain none. Respecting the origin of "loose-cartilages," he found nothing to support Gurlt's views (after Laennec, Gurlt maintained that in most instances they were formed by the ingrowth of osteophytes into the articular cavity); but Rokitansky's opinion, that they have their origin in the development of cartilage in the club-like extremities of enlarged articular appendices, and its subsequent ossification, was apparently confirmed.

SCHUH, Dr. FR.—*On Arthroxerosis, and on the Injection of Iodine for the Hydrops Articuli dependent on it.* Wien Ztschr., N. F. iii, 5. Schmidt, No. 6, p. 314, vol. 106.

Schuh recommends iodine injections in cases of long-standing synovial disease, where there is much swelling and relaxation of the ligaments, and where pain, heat, &c., have subsided. In three cases he employed successfully a mixture of one part tincture of iodine to one to four of water; two to three ounces of this were injected, part being allowed to run out after a few minutes.

HEMPEL, Dr.—*On the so-called Malum Senile in Joints.* Ugeskrift for Laeger, vol. xxx, Nos. 7 and 8. Schmidt, No. 4, p. 69, vol. 106.

The author enumerates three changes to which articular cartilage is subject—the fatty, the fibrous, and the ossific. He considers it more probable that ossification is preceded by fibrillation, than that it is a simple senile transformation, as commonly taught.

SCHLEISS.—*On Symptomatic Pain in the Knee, in Chronic Inflammation of the Hip-joint.* H. u. Pf.'s Ztschr., 3 Reihe, vii, p. 51, 1859. Schmidt, No. 6, p. 313, vol. 106.

Most of its subjects, says Schleiss, are of slender build or scrofulous. The ligaments and muscles of such persons are more lax than of those whose bodies are robust, so that it may happen that, after long walking or standing, the contractility of the muscles of one thigh is impaired, and the limb, less firmly supported against the pelvis, hangs heavily from the capsular ligament, and stretches it. In consequence of this stretching, the femur drops, and presses more heavily on the upper articular surface of the tibia, and thus causes pain in the knee.

EDWARDS, A. M.—*Remarks on Sayre's Splint for Morbus Coxarius.* Edin. Monthly Jour., Dec. 1.

The author describes and figures this splint, which he thinks will be found very efficient in the treatment of hip disease.

COOTE, HOLMES.—*On Disease of the Hip-joint.* London Monthly Med. Rev., Sept., p. 116.

HAMILTON, J.—*Removal of a Foreign Body from the Knee-joint.* Dublin Hosp. Gaz., June 1, p. 163.

In this case two cartilaginous bodies were removed from the knee-joint through a valvular incision; a third eluded extraction. The subsequent inflammation was slight, and the patient left the hospital a month after the operation.

FERGUSSON.—*Loose Cartilage in the Knee-joint, producing repeated attacks of Synovitis; Direct Removal; Recovery, with a Stiff Joint.* Lancet, Oct. 13th, p. 358.

BLOOMFIELD.—*Subcutaneous Ebulsion of a Loose Cartilage from the Knee-joint.* Med. Times and Gaz., June 16th, p. 599.

IV.—EXCISIONS OF JOINTS.

EXCISIONS.—*Statistical Report of the Principal Operations performed during the Year* 1859. Med. Times and Gaz., April 21, p. 395.

This contains particulars of twenty-one cases of excision of the hip, knee, elbow, and wrist joints; of two resections of the astragalus after injury, and of one resection of the os calcis for caries.

HEYFELDER, J. F.—*Contributions to the Study of Resections.* Deutsche Klinik, No. 29 and following.

These comprise an interesting series of resections of the jaw, clavicle, scapula, shoulder-joint, external condyle of humerus, olecranon, elbow-joint, lower end of ulna, metacarpal bones, knee-joint, tibia, calcaneus, and metatarsal bones.

ESMARCH.—*Description of a Resection-Splint. A Contribution to Conservative Military-Art.* With five woodcuts. 4to. 14. Kiel, Schwers., 1859. Canst. vol. v, p. 214.

This ingenious contrivance consists of a foot-piece, and of three broad slings which support the leg, knee, and thigh. These are fixed separately to a horizontal bar, supported by an upright at either end, and can be removed separately without shifting the position of the limb.

1. *Upper Extremity.*

DR. KING.—*Excision of the Shoulder-joint; Death from Phthisis.* Med. Times and Gaz., p. 116, Feb. 4.

CURLING.—*Excision of the Elbow-joint in an Old Man; Successful Result.* Med. Times and Gaz., Sept. 8, p. 240.

The patient was sixty-eight, and his disease caries. He left the hospital, the parts being soundly healed, ten weeks after the operation. In connection with this case two others are mentioned, in which Messrs. Statham and Erichsen operated at the ages of seventy and sixty-three.

ERICHSEN.—*Excision of the Wrist-joint and Carpus; Recovery.* Med. Times and Gaz., April 14, p. 366.

ERICHSEN.—*Excision of the Elbow-joint. Clinical Remarks.* Med. Times and Gaz., Nov. 3, p. 435.

LE GROS CLARK.—*Case of Excision of the Elbow-joint.* Med. Times and Gaz., Nov. 10, p. 447.

CADGE.—*Case of Ulceration of the Cartilages of the Elbow-joint; Excision; Recovery.* Med. Times and Gaz., Aug. 4, p. 109.

SCHILLBACH, DR. LUDWIG.—*Contributions to Resections of Bones;* 2d part, *Resections of the Upper Extremities.* Jena, Mauke, 8vo, 240. Canst., vol. v, p. 214.

Schillbach describes two cases of resection of the shoulder-joint, and comments on the various methods of performing the operation. He thinks that no great advantage is gained by preserving the long tendons of the biceps. He says that partial resections of the elbow-joint do not generally answer; they occasion violent and protracted inflammation of those portions of the joint which have been left; the most that can be expected is anchylosis, whilst they not infrequently risk the preservation of limb and life. The memoir contains accounts of several resections of the elbow-joint and of the carpus and metacarpal joints.

2. *Lower Extremity.*

Fergusson.—*Excision of the Hip-joint; Death.* Med. Times and Gaz., April 7, p. 342.

Folkar.—*Excision of the Hip-joint.* Lancet, Nov. 24, p. 511.

The age of the patient, thirty years, makes this an interesting case.

Price.—*On the Treatment of Certain Diseased Conditions of the Hip-joint by Complete and Partial Excision of the Articulations.* Lancet, April 28, p. 419.

Ure.—*Excision of the Head of the Femur for Disease of Six Months' Duration; Fatal Result on the Twentieth Day.* Lancet, May 5, p. 443.

Erichsen.—*Disease of the Great Trochanter and Neck of the Femur; Removal of the Dead Bone.* Med. Times and Gaz., p. 266, March 17.

Fergusson.—*Disease of the Hip-joint in a Little Boy; Profuse Discharge; Resection; Partial Dislocation and Absorption of the Head of the Bone; Recovery.* Med. Times and Gaz., Sept. 1, p. 210.

Bowman.—*Disease of the Hip-joint in a Young Girl; Profuse Discharge, Emaciation, and Hectic; Resection; Head of Bone found Necrosed and Loose; Recovery.* Ib.

Fock, C.—*Remarks upon, and Experiences of, Resection of the Hip-joint.* Archiv für Klin. Chir. Langenbeck, vol. i, part 1, p. 173.

An account of the history of this operation, the indications for it, and modes of performing it; the after-treatment; with an analysis of ninety cases.

Erichsen.—*Clinical Lecture on Excision of the Hip-joint.* Brit. Med. Jour., May 12, p. 351.

Erichsen recognises three forms of hip disease—(1) the *arthritic*, in which the soft structures are alone primarily affected, usually with acute inflammation; (2) the *femoral*, in which the morbid action begins in the upper epiphysis of the femur; (3) the *acetabular*, disease originating in the pelvic bones. He gives their distinctive characters, describes the operation appropriate to each, and discusses the results of excision of this joint with respect to the immediate mortality consequent on it and the utility of the limb.

Billroth.—*On Resection of the Head of the Femur.* Deutsche Klinik. Canst., vol. v, p. 220.

Twelve out of thirty-two cases of this operation which Billroth collected terminated fatally. Some of the patients who recovered walked capitally with a stick, others required crutches. From these facts, from the improvement in the treatment of coxitis and its sequelæ which may be expected from time, and from the present uncertainty whether a patient walks better with an anchylosed or resected caput femoris, Billroth infers that resection in coxitis is not a very pressingly inviting operation. The case is otherwise in gunshot fractures of the neck and head of the femur, which, without operative interference, are almost always fatal. If this injury should be associated with much contusion of the soft parts, primary exarticulation of the caput femoris is the only operation of any use. Billroth recommends a long incision behind the trochanter major.

HEYFELDER.—*Contributions to Statistics of Resections of the Hip-joint.* Monatsbl. f. Med. Statistik, No. 12. Canst., vol. v, p. 215.

HENSSER, F.—*A Review of Cases of Resection of the Knee and Hip Joints, Tibia, and Tarsus, performed by Professor F. Hensser at Hombrechticon (Canton Zurich).* Beilage zür. Deutsche Klinik, No. 10, Oct. 20.

The review comprises a tabular statement of fifteen cases of resection of the knee, one of the hip, and seven of the lower tibial and tarsal articulations. Of the knee series, eight cases were perfectly cured, one underwent amputation and recovered, and six died. In the tenth and eleventh cases a second resection was resorted to, in consequence of non-union. Five years after the resection of the hip (where the head and neck and both trochanters of the femur were removed), the patient could walk eight to ten hours a day. Of the tarsal and tibial cases, four were cured, one died two years afterwards of phthisis, and in two amputation was subsequently performed, one of these terminating fatally.

HEATH, CHR.—*A Case of Excision of Diseased and Anchylosed Knee, with Good Result.* Lancet, July 7, p. 5.

The disease was of six years' duration. Several sinuses led to bare bone, the patella being firmly fixed to the outer condyle of the femur, and the femur to the tibia. Heath removed the whole joint in a wedge. The boy, æt. 11½, made a good recovery.

CURLING.—*Excision of the Knee-joint ; Amputation four months later ; Recovery.* Med. Times and Gaz., Nov. 17, p. 479.

Amputation was performed in consequence of the child's health failing. No bony union had occurred. There were open sinuses and extreme pain. A detailed account of the appearances of the parts after amputation is appended.

TAPP.—*Excision of the Knee-joint.* Med. Times and Gaz., Nov. 10, p. 457.

A case of strumous disease, of one year's duration. The child, a girl, æt. 9, made an excellent recovery.

QUAIN, MR.—*Disease of the Knee-joint ; Arthritis ; Amputation ; Rapid Recovery from the Operation.* Med. Times and Gaz., Dec. 22, p. 609.

SOUTH, SOLLY, LE GROS CLARK, SIMON.—*Six cases of Excision of the Knee-joint, performed in St. Thomas's Hospital, 1859, followed by Recovery in Five.* Lancet, Aug. 4, p. 108.

GANT.—*Two Cases of Excision of the Knee-joint ; Recovery.* Lancet, Aug. 4, p. 109.

FERGUSSON.—*Removal of Necrosed Bone, and subsequent Excision of the Knee-joint ; Good Result.* Med. Times and Gaz., May 26, p. 523.

SYMONDS.—*Case of Excision of the Knee-joint ; Favorable Progress for a time ; Death ; Autopsy ; Fatty Liver.* Med. Times and Gaz., June 2, p. 550.

CURLING and CRITCHETT.—*Two Cases of Resection of the Knee-joint.* Med. Times and Gaz., Sept. 8, p. 240.

QUAIN.—*Scrofulous Disease of the Knee-joint ; Excision ; Recovery.* Brit. Med. Jour., March 31, p. 240.

KING, Dr.—*Excision of the Knee-joint ; Recovery.* Med. Times and Gaz., April 14, p. 366.

CADGE.—*Case of Synovial Disease of the Knee-joint ; Resection ; Subsequent Amputation ; Death.*

BILLROTH.—*On the Resection of the Knee-Joint.* Deutsche Klinik, No. 33. Canst., vol. v, p. 221.

From the recorded experience of others, and from the personal observation of six cases, Billroth concludes that the success of this resection depends more on the after-treatment than happens with other resections. He enumerates the following principles:—1. The patella and all portions of the synovial membrane, where possible, should be removed. Leaving the patella makes the wound less direct than is desirable; whilst its cartilaginous surface, with the fatty synovial folds around it, protracts the suppuration. 2. Transverse incisions over the joint should, if possible, be avoided; even with a single, long, anterior incision, the gravitation of pus towards the ham is not to be apprehended. 3. Great care should be taken, in sawing off the articular extremities, to make the limb as straight as possible. 4. If the cut runs through the condyles of the femur and head of the tibia, firm union may be expected with tolerable certainty; but the occurrence of this is doubtful, when the entire condyles of the femur, and the tibia below the tuberosity, are sawn off. 5. After this operation the limb must be directly placed, by means of apparatus, in the straight position in which it is intended to remain. 6. The main point is to maintain perfect fixation, and complete repose of the ends of the bones. The retentive bandages ought to be so applied that the whole region of the joint is open to inspection without their removal. In performing the operation, two lateral incisions appear to Billroth to be the best; the joint retains a certain fixity in front; the greater difficulty in execution is no hindrance. Hitherto, however, he has followed Langenbeck in making a single long cut close to one or other side of the patella.

ERICHSEN.—*Diseased Tarsus ; Excision of the Os Calcis ; Recovery, with a Good Foot.* Med. Times and Gaz., Dec. 15, p. 583.

TARSUS.—*Excision of Tarsal Bones.* Med. Times and Gaz. (Report), May 12, p. 472.

ERICHSEN.—*Excision of the Astragalus ; Useful Foot.* Med. Times and Gaz., March 31, p. 316.

HEAD.

I. INJURIES AFFECTING THE BRAIN.

Bauchet.—*Wounds of the Encephalon.* Paris, 1860. (Tract.)

Fractures of the Skull.—*A Report of Ninety-four Cases of Fractures of the Skull.* Med. Times and Gaz., May 26th, June 2d, 9th, 16th, 30th.

Craven, R. M.; Lunn, W. J.; King, K.—*Five Cases of Injury to the Head.* Brit. Med. Jour., April 14, p. 284.

Holthouse, C.—*Case of Extensive Fracture of the Skull, with large Effusion of Blood between the Dura Mater and Bone over the Right Cerebral Hemisphere.* Brit. Med. Jour., Jan. 7, p. 4.

Erichsen.—*Case of Injury to the Head by a Fall Down Stairs; Apparent Recovery; Supervention of Acute Symptoms six months afterwards; Death; Autopsy.* Med. Times and Gaz., June 30th, p. 645.

Luke.—*Case of Recovery after Symptoms of Fracture of the Base of the Skull.* Med. Times and Gaz., July 7, p. 5.

Birkett.—*A similar Case to the above.* Med. Times and Gaz., July 7, p. 6.

Adams.—*Compound Comminuted Fracture of Skull; Trephining; Erysipelas; Recovery.* Med. Times and Gaz., Oct. 13th, p. 357.

A boy, æt. 11, was kicked by a horse on the right side of his head. The skull was broken, and a large fragment was so firmly wedged beneath a sharp, projecting ledge of bone, that it could not be raised until the trephine had been twice applied.

Wakley, Thomas.—*Case of Extensive Fracture through the Base of the Skull, followed by Oozing of Serous Fluid from the Ear and Symptoms of Compression; Fatal Result.* Lancet, May 19th, p. 492.

Clarke, W. M.—*Case of Severe Injury of the Head, causing Rupture of the Membrana Tympani and Copious Discharge of Serous Fluid from the Ear.* Brit. Med. Jour., July 7th, p. 10.

Ody, J.—*Supposed Fracture at the Base of the Skull; Serous Exudation from the Ear; Recovery.* Brit. Med. Jour., July 14th, p. 543.

Savory.—*Fatal Encephalitis following a Slight Scalp Wound.* Lancet, May 19th, p. 492.

A bricklayer's labourer was struck on the vertex of the head by a brick, which made a wound one and a half inch long, cutting through the pericranium, and exposing, but not fracturing, the bone. The man was not stunned; he got up and walked to the hospital. On the eleventh day after the accident brain symptoms were ushered in with a severe rigor, and death took place on the seventeenth. The arachnoid sac, and subarachnoid spaces, and the meshes of the pia mater, on the right side, were filled with pus.

Paget.—*Scalp Wound; Supervention of Head Symptoms; Trephining; Death from Abscess in the Brain.* Med. Times and Gaz., Dec. 8th, p. 558.

A case of laceration of the scalp and temporal muscle, exposing the bone, followed on the twenty-eighth day after the injury by rigors and brain symptoms.

GAFFNEY.—*Case of Compound Comminuted Fracture of the Skull, with Loss of Brain-substance, treated successfully.* Med. Times and Gaz., Aug. 18th, p. 156.

A boy, æt. 12, was knocked down, March 9th, by a plough, the share of which struck his head, making a scalp wound four inches long by two inches broad, and carrying away a portion of bone one and a half inch long by one inch broad. The wound was parallel to the coronal suture, into which it ran. The edges of the bone were beveled, and the superior longitudinal sinus was exposed. Several loose splinters, some imbedded in the brain-substance, were removed, and the wound was covered with a piece of wet lint. When seen by Gaffney, two hours after the accident, the boy had walked half a mile, was standing up, and answered any questions that were put to him. Bladders of ice were applied to the occiput, and a rigidly antiphlogistic treatment was observed. About the middle of April several sequestra were exfoliated, after which the wound healed quickly, with a firm cicatrix.

LE GROS CLARK.—*Fatal Case of Compound Comminuted Fracture of the Skull, with Laceration of the Brain.* Med. Times and Gaz., Nov. 10th, p. 448.

PITHA.—*Extraordinary Case of Traumatic Inflammation of the Cranial Sinuses.* Zeitschr. für pract. Heilkunde, No. 1. Canst., p. 149, vol. iv.

A case of sabre wounds of the skull, fatal in consequence of phlebitis and pyæmia.

OTTO WEBER.—*Surgical Experiences and Investigations.* (Fractures of the Skull, and Trepanning, p. 147—161.) Canst., p. 149, vol. iv.

BRYANT.—*Caries of the Skull; Epilepsy; Relieved by Trephining; Subsequent Death.* Med. Times and Gaz., Aug. 18th, p. 158.

Bryant trephined the rough and inflammatory parietal bone of a cachectic man, æt. 38, who had, during ten months, suffered extreme pain in this part, and had recently had convulsions, chiefly affecting the right side of the body and left side of the face, with loss of use of the right leg and arm. After the operation the pain and fits ceased, and the paralysis disappeared. Subsequently the fits recurred, and the patient died hemiplegic, with some symptoms of pyæmia. Bryant remarks that consciousness was never lost in these fits, whilst in genuine epilepsy the reverse takes place.

2. JAWS.

(*a*) *Tumours of Upper Jaw.*

LAWRENCE, W.—*Case of Cystic Enlargement of the Antrum.* Med. Times and Gaz., March 10, p. 235.

Nearly the whole front of the right upper jaw was occupied by a soft, elastic swelling, that reached from near the lower margin of the orbit to the alveolar process. A small quantity of white, tenacious fluid was evacuated through an exploratory puncture beneath the cheek, in which situation a free opening was made with a scalpel a few days subsequently. After this, the swelling having become firmer, Lawrence turned back the cheek by an incision from the angle of the mouth to the zygoma, and cut out a circular piece of the front of the antrum. The patient, a girl, æt. 19, made a satisfactory recovery.

QUAIN, Mr.—*Case of Fibrous Tumour of the Left Superior Maxilla; Removal; Recovery.* Med. Times and Gaz., June 30, p. 645.

It is said that free hæmorrhage attended the removal of this tumour, which encroached on the ala of the nose, and reached nearly from the lower eyelid to the alveolar process.

FERGUSSON.—*Vascular Fibrous Polypus of the Antrum, extending into the Nose; Removal.* Med. Times and Gaz., March 10, p. 235.

Fergusson had previously attempted its removal by slitting up the nostril; but, from the great extent and the firmness of its attachments, and the profuse hæmorrhage, had been unable to get away the whole polypus. Its complete extirpation was finally accomplished by removing the front of the antrum, and freely exposing the tumour which grew from the posterior wall of this cavity.

FEARNS.—*Excision of the Upper Jaw.* Med. Times and Gaz., May 12th; p. 471.

In this case the whole left upper maxilla, palate-bone, and part of the malar bone, were removed, on account of an osteo-sarcomatous growth. The patient, a woman, æt. 44, recovered rapidly.

SKEY.—*Case of Sero-cystic Disease of the Superior and Inferior Maxillæ.* Med. Times and Gaz., June 2d, p. 550.

On the left side of the face, a large, uniform swelling, of the size of a fist, reached from the angle of the jaw forwards to within about three quarters of an inch of the angle of the mouth. It seemed to be intimately connected with the upper and lower jaws, and distinctly fluctuated at its most prominent part, where it was punctured with a grooved needle, several drachms of viscid serum escaping. Fluid having again accumulated, Skey exposed the tumour by a cut through the cheek and masseter muscle, and removed a collection of bony cysts, containing serum, which implicated the outer walls of both maxillæ. The patient, a woman, æt. 41, recovered.

SKEY.—*Malignant Disease of the Upper Jaw.* Med. Times and Gaz., March 24th, p. 290.

In this case Skey had already laid open the nose, and removed a large polypoid mass. Two months afterwards he excised the eyeball, and removed portions of a large, cancerous growth, which had destroyed the floor of the orbit and the neighbouring parts.

LANGENBECK, B.—*Large Enchondroma on the Under Surface of the Hard Palate; Detachment of the Tumour from the (Mucous) Membrane, Bone, and "Involucre" of the Hard Palate; Union by First Intention.* Deutsche Klinik, 1859. Canst., p. 323, vol. iv.

(*b*) *Gunshot Wound of Lower Jaw.*

SWEET.—*On a Case of Gunshot Wound of the Face, causing the Destruction of the Greater Part of the Lower Jaw; Recovery, with considerable powers of Mastication and Speech.* Lancet, Nov. 10th, p. 458.

A boy, æt. 9, was struck by a charge of dust-shot, fired from a gun at the distance of four feet. The external parts were completely carried away from the left angle of the mouth down to the neck, including the chin, and extending to the antihelix of the right ear, and removing the right half of the upper lip; the teeth in the upper jaw and the alveoli on this side were absent; the masseter was laid bare; the lower jaw was shot away at the angle, leaving a long, jagged piece of bone, and showing the dental vessels and nerves hanging bare and torn; the facial artery was also torn, and the external carotid laid bare; the mylo- and genio-hyoid muscles were hanging loose on the neck, and the tongue was split laterally, the tip being gone, and presenting a trifid appearance. On the left side, about an inch of the ramus of the jaw and one tooth remained, and a jagged piece of the lower edge of the body. Sweet trimmed and brought together the lacerated parts, and afterwards, by drawing on the cicatrices with india-rubber bands, diminished the deformity.

(*c*) *Tumours of Lower Jaw.*

HEYFELDER, J. F.—*On the Exarticulation of the Lower Jaw.* Bullet. de l'Acad. de Méd. de Belgique, ser. ii, tom. ii, No. 1. Canst., vol. v, p. 215.

In a communication to the Brussels Academy respecting exarticulation of the lower jaw, Heyfelder puts the following questions:—1. Is it advisable to perform the operation in such a way as to divide with the knife all the muscular insertions and soft parts attached to this bone, or to destroy these connections by a combination of pulling and wrenching? 2. Can the temporal muscle always, and without difficulty, be separated from the coronoid process; or must this apophysis be occasionally cut through with a Liston's forceps, and then removed with a Muzeaux's forceps and Cooper's scissors?

He says that the separation of the tendon of the temporal muscle from the coronoid apophysis is the only act which frequently presents much difficulty. Both in living persons and in the dead subject, he had often found this process unnaturally long. Although he had, as a rule, generally succeeded in cutting the insertion of the temporal muscle with a bistoury or curved scissors, by depressing the chin as much as possible, yet, in two or three instances, he had been compelled to cut through the apophysis at its base (for this purpose he found Liston's forceps very appropriate) and afterwards dissect it out. The apophysis should never be left when the operation is performed for a morbid growth, because the disease may return in it; this had happened in his own practice. He had also met with more than one case where the bone broke off whilst tearing it from the soft parts.

The secondary hæmorrhage which has been said to follow this tearing away, only occurs when a small artery has been cut, and its ligature has been pulled off, which may happen if the patient chews or talks much during the first few days. In most of the published cases of total exarticulation of the lower jaw, this was not done by a single operation, but an interval even of several months intervened between the removal of the first and second halves of the bone. The first opportunity of removing the entire bone at one sitting occurred to Heyfelder, in 1853; the second to Maisoneuve, in 1856; and the third to Heyfelder, in 1858.

HUTTON.—*Case of Cystic Growth of the Lower Jaw, in which a large portion of the Bone was removed.* Dub. Hosp. Gaz., June 1, p. 161.

This tumour reached from the angle of the left half of the jaw to an inch beyond the right side of the symphysis, and projected into the fauces. Chloroform was not administered, as Hutton feared suffocation from hæmorrhage. He cut through the jaw with a common dovetail saw, a chain saw having been broken in the attempt.

COLLES.—*Resection of the Right Lower Jaw, and Exarticulation under Chloroform, with Remarks on the Operation.* Dublin Hosp. Gaz., Aug. 15th, p. 241.

This was a case of fibro-cystic disease of the right half of the lower jaw, which was enlarged to the size of a goose's egg. Colles cut through the body of the jaw near the symphysis with a narrow saw, that had a sliding, moveable back; he next divided the ramus with a forceps as high as possible, after which the mass of the tumour was readily removed. He then wrenched out the remaining neck of the bone with a strong forceps, and severed its attachments with a blunt bistoury. The patient recovered, with a salivary fistula. Colles recommends the use of chloroform in operations of this kind, and the recumbent instead of the sitting posture.

ANNANDALE, T., Jun.—*Case of Chronic Internal Abscess of the Lower Jaw.* Ed. Med. Journ., Dec., p. 519.

PAGET.—*Cystic Disease of the Lower Jaw.* Med. Times and Gaz., Sept. 1st, p. 211.

The disease in this case implicated the right half of the body and ascending ramus of the jaw. Portions of bony cysts had already, on two previous occasions, been removed by Mr. Paget.

III. TONGUE.

Three Cases of Excision of the Tongue for Cancer are reported. Med. Times and Gaz., May 12, p. 472.

BRUNS.—*The Surgical Pathology and Treatment of the Organs of Mastication and Taste.* Vol. i, *the External Soft Parts.* Tübingen, 1859. Laupp, Canst., vol. v, p. 205.

IV. TONSIL.

BYANT.—*Calculus from the Tonsil, of the Size of a Small Nut, Spontaneously Ejected.* Lancet, Nov. 17, p. 487.

The calculus was expelled whilst coughing; it was hard and ragged, and apparently consisted of phosphatic salts.

V. FAUCES.

TURNER, WM.—*Case of Extensive Adhesion of the Inferior Margin of the Soft Palate to the Posterior Wall of the Fauces, with a Description of the Parts seen on Dissection.* Edinb. Med. Jour., January, p. 612.

VI. ŒSOPHAGUS.

MARSHALL.—*Case of Cancerous Stricture of the Œsophagus; Death.* Med. Times and Gaz., p. 496, May 19.

AIR-PASSAGES.

1. *Laryngoscopy.*

CZERMAK.—"*The Laryngoscope.*" Med. Times and Gaz., May 5, p. 453.

A letter from the 'Med. Times' correspondent, describing Czermak's laryngoscope, and the mode of using it. It is a small, quadrilateral, metallic speculum, soldered to a thin, flexible stem, which admits of its being bent at any convenient angle. Having been warmed, in order to prevent the condensation of vapour upon its reflecting surface, it is to be introduced into the back of the mouth, and held in such a position that it illuminates the larynx, &c., and returns an image to the observer. Czermak substitutes a concave reflector and oil-lamp for solar illumination, which was employed by Liston, and after him by Garcia.

GERHARDT, C.—*The Application of the Laryngoscope.* Würtzb. Med. Ztschr., vol. i, p. 73.

MERKEL.—*The more recent Contributions to Laryngoscopy and Phonetics.* Schmidt, No. 10, pp. 81-103, vol. 108.

The author has collected all that has been recently written about the laryngoscope. His report embraces the history of the instrument, a description of its various forms, and the mode of using them, together with physiological observations, and numerous cases of laryngeal disease.

2. *Œdema of the Glottis.*

SLOANE, J.—*On the Treatment of Scalds of the Glottis.* Brit. Med. Jour., Jan. 14, p. 26.

The author reports six cases of scalded glottis in little children, caused by drinking boiling water from the spout of a kettle. One, treated by tracheotomy, ended fatally; the others took calomel 1 gr. every hour, and tartar emetic gr. $\frac{1}{12}$th to $\frac{1}{16}$th, in a saline mixture, every two hours, and recovered.

FARRE, Dr.—*Œdema of the Glottis suddenly Supervening in the Hospital in a Case of Jaundice from Obstruction of the Hepatic Duct.* Lancet, April 21, p. 393.

PITMAN and PAGE, Drs.—*Two Cases of Œdema of the Glottis; Tracheotomy; Fatal Result in each Case.* Lancet, April 21, p. 392.

3. *Wounds.*

Johnson, H. C.—*Case of Wound Penetrating the Larynx in an Attempt at Suicide, with Detachment of a Piece of the Thyroid Cartilage; Recovery.* Lancet, Feb. 11, p. 139.

Curling.—*Case of Wound of the Thyroid Cartilage, Wounding the Epiglottis, Inflicted by a Table-knife.* Lancet, Feb. 11, p. 140.

Hawkins, Cæsar.—*Case of Wound of the Neck, and Injury to the Thyroid Cartilage, in an Attempt at Suicide; Death from Fractured Ribs.* Lancet, Feb. 11, p. 139.

Cavasse.—*Essay on Fractures of the Cartilages of the Larynx.* (Thesis.) Paris; 1860.

4. *Tracheotomy.*

(*a*) *In Croup.*

Bryant, Thos.—*On the Surgical Diseases and Injuries of the Nose, Larynx, Thorax and its Contents, and of the Organs of Circulation.* Guy's Hospital Reports, p. 1.

Trousseau, A.—*Tracheotomy.* Clinique Médicale de l'Hotel-Dieu de Paris, vol. i, p. 414. Paris, Baillière, 1860.

In some clinical remarks on tracheotomy in diphtheria, Trousseau strongly insists on the necessity of operating slowly, dividing the tissues layer by layer, holding aside the vessels and muscles with blunt hooks, and thoroughly exposing the trachea before opening it. He had never seen an accident caused by too great slowness, but had often witnessed the difficulties and dangers of a hasty tracheotomy, even when performed by a skilful operator. He uses the double canula, and places a piece of waxed silk or caoutchouc between its shield and the skin. Immediately after the operation, and for the first four days afterwards, the wound should be thoroughly pencilled with lunar caustic (this practice is particularly insisted on), to prevent the diphtheritic infection of the wound, the formation of stinking, false membranes, erysipelas, and gangrene.

Evans, Dr. C.—*On Tracheotomy in Croup.* Edin. Monthly Jour., January and May, and Proceedings of the Roy. Med. and Chir. Soc., vol. iii, No. ii, p. 108.

The author notices the frequency and fatality of croup as a disease of early life, and points out the slight success which has hitherto attended the usual modes of treating it. He considers the principal objections which have been urged against tracheotomy, and strongly insists upon the propriety of having recourse to it *early* in the disease.

Spence, Jas.—*Cases of Tracheotomy in Croup, with Clinical Remarks.* Edin. Med. Jour., Feb., p. 693.

(*b*) *For Cancroid Growths.*

Budd, Dr.—*Warty Growths in the Larynx, threatening Suffocation, in a Pregnant Woman; Tracheotomy; Death in Fourteen Hours; Ineffectual Labour in the interval; Post-mortem Cæsariotomy.* Lancet, April 21, p. 393.

ALDERSON, Dr.—*Epithelial Cancer invading the Entire Mucous Membrane of the Larynx and part of the Pharynx, with Destruction of the Vocal Cords; Tracheotomy; Death, Six Weeks after, from Pneumonia.* Lancet, Nov. 17, p. 485.

(c) *For Phthisis Laryngea.*

RUSSELL.—*Tracheotomy; Portion of Thyroid Cartilage Separated by Necrosis; The Tube worn Four Years.* Med. Times and Gaz., Jan. 14, p. 32.

LAURENCE.—*History of Syphilis; Laryngitis; Extreme Dyspnœa; Laryngotomy; Recovery.* Med. Times and Gaz., p. 316, March 31.

WILMOT, SAMUEL.—*Case of Syphilitic Laryngeal Disease; Tracheotomy; Recovery.* Dublin Hosp. Gaz., April 16, p. 113.

FARRE, Dr.—*Chronic Syphilitic Laryngitis; Tracheotomy Twelve Months ago; Loss of the Uvula and Epiglottis; Aphonia and Dysphagia; Relief by Treatment.* Lancet, March 17, p. 272.

REES, OWEN.—*Case of Strumous Ulceration of the Larynx, with Destruction of the Right Half of the Epiglottis, Thyroid and Cricoid Cartilages; Tracheotomy; Death on the Eleventh Day.* Lancet, March 17, p. 271.

GARDNER, Dr. F. W.—*Case of Laryngeal Phthisis; Tracheotomy.* Edin. Med. Jour., Jan.

THIN, G.—*Case of Abscess of the Larynx.* Edin. Monthly Jour., Dec., p. 537.

(d) *For Epilepsy.*

WILLIAMS, WYNN.—*Two Cases of Epilepsy, in which the Operation of Tracheotomy was performed.* Med. Times and Gaz., Sept. 15, p. 253.

(e) *For Foreign Body.*

TATUM.—*Impaction of a Flint-stone in the Larynx of a Child; Successful Removal after Tracheotomy; Death on the second day.* Lancet, March 17, p. 272.

MENDEL.—*De Bronchotomia, ex extrahenda corpora aliena.* Diss. inaug., Berolini, 1859. Canst., p. 159, vol. iv.

Contains an account of four cases where laryngotomy was performed for the removal of foreign bodies. In one a piece of nutshell could not be extracted, although the thyroid cartilage was split up along the middle line. This patient died of pneumonia four weeks afterwards. The nutshell was found in the left bronchus.

BRYANT.—*Tumour Pressing on the Trachea, necessitating Tracheotomy; Recovery.* Lancet, June 9, p. 573.

NECK.

HAWKINS, CÆSAR.—*Diffuse Cellular Inflammation of the Neck, extending to the Mouth, following a Carbuncular Swelling of the Chin; Fatal Pyæmia.* Lancet, Nov. 17, p. 487.

Clar.—*Observations on Anomalies of the Thymus Gland.* Jahrb. f. Kinderheilk., ii, 3, p. 196, 1859. Schmidt, p. 321, No. 3, vol. 105.

This is a report of eight cases of acute and chronic disease of the thymus gland, with comments.

CHEST.

Pleura, Paracentesis of.

Trousseau, A.—*Paracentesis of the Chest.* Clinique Médicale de l'Hôtel Dieu de Paris. Baillière, 1860, vol. i, p. 619.

Trousseau taps the chest through the sixth or seventh intercostal space, counting from above downwards, nearly four or five centimètres outside the outer border of the pectoralis major muscle. The skin should be punctured with a lancet, and the trocar pushed slowly through the muscles, but rapidly through the pleura, in order to make sure of piercing, and not detaching any false membranes that might exist upon the latter.

Walter, A. G.—*Case of Traumatic Empyema of Sixteen Months' Standing, with Fistulæ; Treated Successfully.* Brit. Med. Jour., Jan. 21, p. 48.

A strumous man, æt. 32, was stabbed under the left arm, between the eighth and ninth ribs, with a broad-bladed knife. Profuse hæmorrhage from the wounded intercostal artery was stopped by a suture. Empyema resulted, and when the patient came under Walter's care fully two pints of offensive pus were discharged daily from the wound, which had become fistulous. Believing the retention of decomposed blood-clots and the imperfect escape of the matter to be the causes of the protracted suppuration, Walter (December 8, 1857) cut away one inch of the eighth rib, and removed much very offensive matter, with masses of putrid coagulum resembling putrefied lung. For a time this was followed by marked improvement, but the condition of the patient having again become unfavorable (February 11), a freer opening was made by removing two inches of the eighth and ninth ribs, and a pyogenic membrane, covering the entire pleura, was scraped away with a spatula and the finger. On a subsequent occasion the cavity was sponged out. The man ultimately recovered.

Strauss, Dr. E.—*On Emphysema of the Skin after Contusions of the Chest.* (Virch.'s Archiv, xvii, 5 u. 6, pp. 479–481.) Schmidt, p. 77, No. 4, vol. 106.

A report of two cases, to prove that emphysema of the skin is not always symptomatic of broken ribs in chest contusions.

Pericardium, Paracentesis of.

Trousseau.—*Paracentesis of the Pericardium.* Clinique Médicale de l'Hôtel Dieu de Paris. Baillière, 1860, p. 700.

Trousseau cites several instances of the performance of this operation by German and French surgeons. In a reported case he divided the tissues carefully with the bistoury, which is a far safer method than using a trocar. He recommends the incision to be made immediately at the outer border of the sternum, and in the level of the fifth, sixth, or seventh cartilage, having reference to the spot of greatest dulness, where the heart's sounds are least heard. The costal cartilages, which touch each other at this part, should be separated by a spatula, or other convenient instrument, and, if necessary, a piece should be cut away large enough to allow the point of the finger to penetrate to the outer surface of the pericardium, which should only then be incised or punctured when the presence of fluid beneath the finger has been positively ascertained.

BELLY.

I.—GASTROTOMY.

JONES, SYDNEY.—*Epithelial Cancer of the Pharynx; Threatened Death by Starvation; Gastrotomy; Death; Autopsy.* Med. Times and Gaz., Feb. 4th, p. 115.

Jones had performed tracheotomy five months previously, in consequence of urgent dyspnœa. Deglutition, which had for several months been extremely difficult and painful, at length became impossible, and during six weeks the patient was kept alive by enemata. As she was sinking from starvation, Jones performed gastrotomy. Making an incision about three inches and a half long, from between the eighth and ninth costal cartilages of the left side parallel to the outer edge of the rectus, the tendon of the inferior oblique and transverse oblique was divided and the peritoneum was opened. The stomach was drawn forwards and opened by a vertical cut ¾ of an inch long, the edges of which were firmly sewed to the skin. Death followed thirty-six hours afterwards.

BELL, Dr.—*A Successful Case of Gastrotomy.* Boston Journ., vol. xli, pp. 489—493. Med. Times and Gaz., March 31st, p. 332.

In this case a bar of lead, 10¾ inches long, and weighing nine ounces, which had been accidentally swallowed whilst juggling nine days before, was removed through an incision reaching from the point of the second false rib to the umbilicus.

II.—PARACENTESIS.

CARTER, TH. A.—*Some Suggestions for the Improvement of Paracentesis Abdominis in Cases of Ascites.* Med. Times and Gaz., Sept. 15th, p. 253.

Carter proposes to obviate some of the disadvantages of the usual mode of tapping the belly in dropsy, by using a smaller trocar, which is to be thrust obliquely inwards and upwards through the abdominal walls during a deep inspiration. Only just so much fluid should be drawn off as will relieve the prominent symptoms.

III.—WOUNDS.

FLOWER.—*Perforation of the Ileum by a Piece of Bone; Acute Peritonitis, with Symptoms simulating Femoral Hernia.* Ib., p. 611.

In this case a splinter of beef bone, an inch and a half long, had perforated the ileum, about eight inches above the ileo-cæcal valve, and escaped into the peritoneal sac, together with ingesta, setting up peritonitis, The patient at the same time had a femoral hernia, to which the symptoms were apparently attributable. An operation being performed, the sac was found to contain only a little dark serum; the crural canal was free, the finger could be passed through it, and the foreign body was felt in the iliac fossa. The true nature of the case became apparent only at the post-mortem examination.

Holt.—*Injury to the Jejunum from a Contusion; Subsequent Rupture and Fatal Peritonitis on the fifth day.* Lancet, Dec. 22d, p. 609.

Luke.—*Rupture of the Jejunum from a Kick on a Hernial Sac; Death from Peritonitis in thirty hours.* Ib., p. 610.

A man who for many years had had a large scrotal hernia, and had never worn a truss, received a kick in the groin. It gave him great pain at the time, and was followed by very severe and continuous suffering. Nine hours afterwards he was admitted into the London Hospital, where the house-surgeon made patient attempts with the taxis, which lessened the size of the rupture, from pressure of fluid out of the sac, but did not effect its complete reduction. Sixteen hours after the injury acute peritonitis was well marked. An exploratory operation was performed at this time by Luke. There was no stricture in the inguinal canal, and the sac contained no bowel, but a large mass of adherent omentum, amongst the folds of which portions of food were found. Death ensued in fourteen hours. At the post-mortem examination a large laceration was found in the lesser bowel, through which its contents had passed into the abdominal cavity and excited general peritonitis.

IV.—Internal Obstruction of the Intestines.

Manec.—*Internal Strangulation coincident with an Oblique, External, Inguinal Hernia; Death; Autopsy.* Gaz. des Hôp. Ann. par Jamain et Wahu, p. 22.

Roux.—*Internal Intestinal Obstruction co-existent with (Reducible) Inguinal Hernia.* Gaz. des Hôp., 32, 1859. Schmidt, vol. 105, No. 3, p. 330.

Bunzel.—*Case of Internal Obstruction from Twisting of the Bowel on its Axis.* Oesterr. Zeitschr. f. prakt. Heilk., v. 31, 1859. Schmidt, vol. 105, No. 3, p. 333.

Knauss.—*Case of Intussusception of the Bowel in consequence of a Tumour of the Intestinal Canal.* Würtemb. Corr.-Bl., 28, 1859. Schmidt, vol. 105, No. 3, p. 334.

Voss.—*Passage of a Piece of Gangrenous Intestine.* Norsk Magazin, 7, 1858. Pr. Ver. Ztg., N. F. ii, 38, 1859. Schmidt, vol. 105, No. 3, p. 335.

Dürr.—*Ileus in consequence of an Acute Bend of the Bowel, caused by Old Adhesions.* Würtemb. Corr.-Bl., 35, 1859. Schmidt, vol. 105, p. 333.

The patient survived six days. The treatment consisted in purgatives, which were vomited; clysters of castor oil, croton oil, tobacco and belladonna, which were soon returned, unaccompanied by fæcal matter; and one pound of metallic mercury, given in two doses, which caused vomiting, but none of which was rejected. Eighteen years previously an abscess had formed at the navel, from which a worm that had evidently caused adhesion and perforation of the bowel was discharged. At the examination of the body a portion of ileum was found passing from below, on the right side, at an acute angle, upwards and towards the left, and ending in a roundish band, which crossed the left flexure of the colon, and was lost on the peritoneal coat of the spleen. The upper end of this portion of bowel bent abruptly forwards, and the opposite surfaces of the loop were adherent. Above the bend the bowel was greatly dilated and congested; it contained fæces and the mercury. The mesentery contained numerous deposits of tubercle, and the bowels were much matted together. Tuberculosis of the lungs and larynx was also present.

Diaphragmatic Hernia.

BOHN.—*Hernia Diaphragmatica.* Königsberger Mediz. Jahrbücher, ii. Canst., vol. iv, p. 183.

A careful monogram based on an analysis of eighty cases.

DEROBE.—*Reflections on a Penetrating Wound of the Chest and Belly, with Hernia of the Omentum and Internal Strangulation.* Thesis, Paris, 1859. Canst., p. 155, vol. iv.

A porter was stabbed between the fourth and fifth ribs on the left side; a portion of omentum which protruded through the wound was tied and cut off; whilst the external wound was being closed the ligature slipped, but no bleeding took place. Two years afterwards, symptoms of internal obstruction suddenly occurred, and ended fatally in eight days. Part of the transverse colon and omentum had protruded through the diaphragm into the chest.

CURRAN.—*Two Cases of Diaphragmatic Hernia.* Lancet, Dec. 29th, p. 631.

V.—HERNIA.

(*a*) *Radical Cure.*

MORTON, JAS.—*The Radical Cure of Hernia.* Edinb. Monthly Journ., Dec. 1st, p. 511.

A paper read before the Glasgow Medical and Chirurgical Society, in which several of the modes of effecting the radical cure of rupture are criticised, and an operation devised by the author is described. This consists in "passing a metallic ligature subcutaneously around the sac, at the lower part of the inguinal canal, excluding that part only which lies behind the cord, and fixing it to a leaden plate by a nipple."

THOMPSON, HENRY.—*Inguinal Hernia. Wutzer's Operation for Radical Cure.* Med. Times and Gaz., March 17th, p. 265.

In this case the plug was withdrawn on the ninth day, and the patient was discharged, cured, a week afterwards. About three months after the operation the hernia again suddenly protruded.

MACAULAY, PAGE, BARBER.—*Report of Five Cases in which Wutzer's and Wood's Operations were Performed.* Med. Times and Gaz., p. 525, May 26th.

WOOD.—*Case of Operation for the Radical Cure of Hernia.* Med. Times and Gaz., June 23d, p. 622.

WALKER, J. S.—*Successful Operation for the Radical Cure of Hernia.* Med. Times and Gaz., Oct. 13th, p. 353.

In this case a modification of Wood's operation was employed.

MARSHALL.—*Inguinal Hernia. Wutzer's Operation for Radical Cure.* Med. Times and Gaz., March 17th, p. 266.

CURLING.—*Wood's Operation for the Radical Cure of Hernia; completely Successful.* Lancet, Jan. 14th, p. 33.

FERGUSSON.—*Modification of Wood's Operation; Death.* Lancet, Jan. 14th, p. 34.

LEE, HENRY.—*Radical Cure of Hernia. A New Modification of Wutzer's Operation.* Lancet, Jan. 14th, p. 35.

CURLING.—*Adherent Omental Inguinal Hernia, Radically Cured by (Wood's) Operation.* Med. Times and Gaz., Feb. 4th, p. 114.

FERGUSSON.—*Operation for the Radical Cure of Hernia.* Med. Times and Gaz., Feb. 4th, p. 115.

JORDAN, FURNEAUX.—*A New Modification of Wutzer's Instrument for the Radical Cure of Reducible Hernia.* Med. Times and Gaz., Jan. 21st, p. 58.

This consists in the addition of an india-rubber bag to Wutzer's instrument, which, when distended with air or fluid, is intended to press on the internal ring and posterior wall of the inguinal canal.

(*b*) *Strangulated Hernia.*

FLÜGEL.—*On Hernia, and Herniotomy.* Bayer, Arztl. Intell.-Bl., 26, 1859. Schmidt, No. 8, p. 221, vol. 107.

The author notices the liability of ruptured persons to colic, catarrh, and rheumatism, on exposure to cold, and supposes that rheumatism produces a loss of elasticity and a stiffness of the fibrous abdominal apertures, in consequence of which they more readily strangulate parts which have protruded through them.

DELHAYE.—*Three Cases of Strangulated Hernia; "Débridement" by Seutin's Method, &c.* Journ. de Méd. de Bruxelles, Avril, 1859. Canst., vol. iv, p. 179.

Delhaye was called to a man, æt. 72, with an inguinal hernia which had been strangulated thirty-six hours. Coffee, tobacco-clysters, and the taxis having failed, this surgeon pushed the tip of his forefinger through the ring, and tried to subcutaneously dilate it. In doing this the bowel slipped back. This method succeeded in a second, but failed altogether in a third case.

CHALUS.—*Reduction of a Strangulated Hernia by the Administration of an Infusion of Coffee.* Gaz. des Hôp., 58. Canst., vol. iv, p. 178.

CONTURIER.—*New Case of Cure of a Strangulated Hernia by an Infusion of Coffee.* Gaz. des Hôp., No. 81, 1859. Canst., vol. iv, p. 178.

MAISONNEUVE.—*Reflections on the Operation for Strangulated Hernia.* Clinique Européenne, 28. Canst., vol. iv, p. 178.

The author considers the minuteness of modern anatomical investigations in hernia, and the prolixity of the descriptions of operations for it, to be exaggerations which frighten some surgeons.

GOSSELIN.—*The Taxis in Strangulated Hernia.*—Gaz. Hebd., vi, 44, 46, 1859. Schmidt, No. 8, vol. 107, p. 217.

In 1844, Gosselin recommended a forcible and prolonged application of the taxis in all cases of hernia where the strangulation had not exceeded twenty-four hours, after which period he considered it dangerous on account of the possible replacement of gangrenous or perforated gut. He now publishes the results of eighty-five cases, twenty-nine of which were treated by the taxis alone, in most of them applied continuously during from thirty to sixty minutes. Two of these twenty-nine cases were fatal, one from perforation of the bowel, the other because the taxis failed, and an operation was declined. The remaining twenty-seven successful cases soon recovered, with a single exception, in which the belly continued swollen and painful for a few days afterwards. His mode of using the taxis is by placing both hands on the rupture and pressing lightly for five minutes, after which the pressure is to be increased and continued during fifty to sixty minutes by the operator, who bends over his patient and throws the weight of his body on his hands, or by an assistant placing his hands over those of the surgeon when the latter becomes tired. Gosselin thinks favorably of chloroform, but ascribes its beneficial action to the production of anæsthesia, which allows more force to be used, than to relaxation of the abdominal muscles. He notices the occasional apparent reduction of a hernia whilst the strangulation persists, and the apparent non-reduction of a hernia the contents of which have actually been replaced in the abdominal cavity; and explains the former circumstance by supposing, in scrotal hernia, that the contents are pushed up into the inguinal canal only; the latter he considers to be due to swelling of the sac, coverings, &c. He thinks that this mode of using the taxis does not place the patient in a more unfavorable condition for an operation, if this should become necessary.

ROUSE, JAS.—*Cases of Strangulated Hernia; with Remarks on the Impropriety of Applying Forcible Taxis.* Brit. Med. Journ., June 23d, p. 473.

BRYANT, R.—*On the Use of Chloroform in Strangulated Hernia as Indicating an Improved Practice.* London Monthly Med. Rev., Aug., p. 67.

The exhibition of chloroform till the patient is thoroughly insensible and relaxed is warmly advocated by Bryant as a most useful auxiliary to the taxis.

BRYANT, R.—*On Constipation after the Operation for Strangulated Hernia.* London Monthly Med. Rev., Oct., p. 170.

Bryant points out the injurious consequences of purging after herniotomy, and shows that the constipation after the replacement of the strangulated bowel is a natural result of the injury the latter has undergone, and that it disappears when the bowel regains its healthy state.

Gignac.—*Shaking the Body, as an Auxiliary to the Taxis.* Rev. de Thér., Méd.-Chir., 16, 1858. Schmidt, No. 8, p. 219, vol. 107.

A woman, æt. 55, had a large, strangulated, crural hernia. The taxis failing, Gignac had her raised by her legs and well shaken several times, after which he succeeded in reducing the rupture. (Preiss, who originated this proceeding, had his patient wheeled over a roughly paved way in a barrow, with his head downwards.)

Danzel, A. F.—*Practical Contributions to the Study of Strangulated Hernia.* Wien. Ztschr., N. F. ii, 14, 1859.

A critique of Richter's theory of strangulation.

Jessop, Wm.—*On a New Method for the Reduction of Strangulated Hernia.* Lancet, Oct. 20th, p. 384.

Having inverted a patient on his head and shoulders, by hoisting his legs upon the shoulders of an assistant, Jessop reduced a strangulated hernia by manipulating the abdominal walls in such a manner as to draw the bowels away from the rupture.

Ulrich.—*Six Remarkable Cases of Hernia.* Oesterr. Ztschr. f. prakt. Heilk., v, 34, 35, 1859. Schmidt, No. 8, vol. 107, p. 224.

In the third of these cases the neck of the sac, which formed the constriction, had been pushed up above the internal ring; it was drawn down and divided. In the fifth, the anterior wall of the sac consisted of several protuberant cysts, with intervening depressions.

Hakes.—*Inguinal Hernia; Operation; Thrombus in the Mesentery.* Med. Times and Gaz., March 24, p. 293.

In operating on a large scrotal hernia, Hakes found a dark-coloured, elastic swelling in the mesentery, which prevented the replacement of the bowel until the internal ring had been divided. He supposed it to be a thrombus, caused by a too energetic use of the taxis.

Coulson.—*Case of Strangulated, Oblique, Inguinal Hernia; Mortification of the Bowel; Operation; Artificial Anus; Recovery.* Lancet, June 9, p. 571.

Hewett, Prescott.—*The Entire Great Omentum and Portion of Large Intestine Incarcerated in an Inguinal Hernia; Recovery after Operation.* Lancet, June 9, p. 571.

Adams.—*Death from Rupture of a Large Hernial Sac in a Fall.* Med. Times and Gaz., June 2, p. 349.

Luke.—*Case of Operation for Strangulated Hernia in a Young Infant.* Med. Times and Gaz., July 14, p. 34.

Manec.—*Hernia of Cæcum and Appendix.* Gaz. des Hôp., 116, 1856. Schmidt, No. 8, vol. 107, p. 228.

A young, weakly man, who had never worn a truss, was operated on by Manec for a scrotal hernia, on the right side, that had been strangulated several days. The inguinal canal was shortened and tense, and the rupture formed an elastic swelling, of the size of a pigeon's egg, in the scrotum. The tissues immediately beneath the skin were infiltrated with pus, in which was found a crooked process, of the thickness of a quill, two seconds long. Behind this there was a sac containing a dark-blue, tense, globular piece of bowel, that could not be returned until after division of this neck of the sac. The patient died from exhaustion. The dissection showed that a large part of the cæcum had lain in the sac, and that the vermiform appendix had descended outside the sac, to the neck of which it had become adherent.

KUHN.—*Operation for an Inguinal Hernia in a Woman in Childbed.* Gaz. de Paris, 51, 1859. Schmidt, No. 8, p. 225, vol. 107.

In this case there was a double sac.

HÖNISH.—*Radical Cure after Herniotomy.* Allg. Wien. Med. Ztg., 47, 1858. Schmidt, No. 8, p. 227, vol. 107.

DANZEL.—*A Case of Inguinal Hernia, which contained a very small Piece of Gut, and seemed to be Partially Reducible; Operation.* Wien. Ztschr., N. F. ii, 38, 1859. Schmidt, No. 8, vol. 107, p. 229.

A locksmith's apprentice, æt. 26, who for several years had had an inguinal hernia on the left side, which was imperfectly kept up by a truss, was seen by Danzel on the seventh day after the commencement of symptoms of strangulation. Purgatives and injections had been already tried, and three days previously an evacuation had occurred. The patient had terrible pain in the pit of the stomach; the vomiting had abated. A reducible hernia was detected on the right side, and on the left a soft, painless, compressible, but irreducible, swelling, which descended out of the inguinal canal into the upper part of the scrotum. The contents of this rupture could be pushed slighly up into the canal, and the skin could also be pushed by the rupture on the point of the finger into the canal. The left inguinal canal felt harder and more resisting than the right. An operation was performed, and a piece of gut, of the size of a cherry, was found in the upper part of the canal, constricted by a fibrous thread.

THOMPSON, HY.—*Three Cases of Strangulated Femoral and Inguinal Hernia; Herniotomy.* Lancet, June 9, p. 572.

PATRI.—*Strangulation of a Hernia and Obstruction of the Bowel by an Intestinal Concretion; Fatal Peritonitis.* Allg. Wien. Med. Ztg., 8, 1859. Schmidt, No. 3, vol. 105, p. 331.

A case of strangulated hernia, where the symptoms continued notwithstanding its reduction. Three weeks after the commencement of her illness, the patient, a woman, aged 40, was admitted into the Gratz Hospital with symptoms of acute peritonitis, of which she died. Just below Poupart's ligament, on the right side, there was an oval, not tense, fluctuating swelling, of the size of a nut; it gave a hollow sound on percussion; its neck could not be traced into the abdominal cavity, it could not be lessened by pressure; and was not painful when handled. *Sect. cadav.*—Congestion and œdema of the lungs. Signs of acute peritonitis. A loop of ileum, one inch from the cæcum, of a dark-red colour, was sharply limited by lines of demarcation. This loop of bowel contained only a little mucus; its mucous membrane was congested, and the submucous tissue was œdematous. At the line of demarcation the canal of the bowel was closed. At the cæcal end of the loop the peritoneum was coated with a thin layer of scar-tissue, and the mucous membrane was absent, but the margins of the gap were cicatrized. In the scar-tissue there was a perforation, of the size of a pea, which had cicatrized and was covered with a fibrinous coagulum. At this spot a hard, porous, earthy disc was found, at a right angle to the axis of the bowel, touching the walls of the latter at every point of its circumference, and evidently the cause of the mischief. The swelling below Poupart's ligament was the thickened sac of a crural hernia, which no longer communicated with the belly; it contained about half an ounce of yellowish serum.

LEGENDRE.—*A Memoir on some Rare Varieties of Crural Hernia.* Paris, 1858. Baillière et Fils.

The author, a prosector in the Ecole Anatomique des Hôpitaux, made use of the subjects which he received for dissection for the purpose of an inquiry into the frequency of crural hernia. In 6044 adult bodies he found thirty-seven crural herniæ, of which thirty were in females and seven in males; in a single instance double crural hernia was present. Legendre describes four varieties of this form of rupture.

MANEC.—*A Case of Crural Hernia of the Right Side, of several Years' Standing, and Incompletely Reducible; Strangulation; Taxis Successful. Three days afterwards, whilst stretching in bed, Strangulation a Second Time, necessitating Herniotomy; Perforation of the Bowel; Death.* Gaz. des Hôp., 107, 1859. Schmidt, No. 8, vol. 107, p. 227.

JOBERT DE LAMBALLE (Allg. Wien. med. Ztg., 48, 1859, Ib., 228) operated on a woman, 60 years old, for a large crural hernia, on the fourth day of strangulation. The sac contained some dark-coloured omentum, which felt cool, and a large loop of gut. He replaced the gut after dividing Gimbernat's ligament; but the omentum, which he left in the sac, became gangrenous, and was thrown off. He remarks that *cold* omentum ought not to be returned, because it mortifies and is separated.

CHASSAIGNAC.—Abeille Méd. and Presse Méd., 41, 1859. Schmidt, No. 8, vol. 107, p. 228.

A case of omental hernia, which became inflamed, and required operation.

RAPP.—*Hernia of the Obturator Foramen.* Thesis, Strasbourg, 1859. Canst., vol. iv, p 182.

WAGNER.—*Hernia of the Foramen Ovale, on both sides.* Wunderlich's Archiv, Heft 1. Canst., vol. iv, p. 182.

VI.—RECTUM.

Malformations and Diseases.

CURLING.—*Case of Imperforate Anus in an Infant; Operation; Recovery.* Med. Times and Gaz., p. 78, July 28th.

CURLING.—*Inquiry into the Treatment of Congenital Malformations of the Rectum by Operation, founded on an Analysis of* 100 *Cases, nine of which occurred in the practice of the Author.* Med.-Chir. Trans., p. 271.

BODENHAMER, WM.—*On the Congenital Malformations of the Rectum and Anus.* 8vo, New York, S. S. and W. Wood.

This copiously illustrated book contains the bibliography, ætiology, pathology, and treatment of these affections.

ASHTON, J. T.—*On the Diseases, Injuries, and Malformations of the Rectum and Anus.* 3d edition, London, John Churchill, 1860.

DUIGAN, C.—*Cases of Fissure of the Anus.* Dub. Hosp. Gaz., Sept. 15th, p. 277.

Duigan advocates forcible dilatation of sphincter ani, first suggested by Recamier.

ROUSE, JAS.—*Ulceration of the Lower Extremity of the Rectum; its Varieties, Diagnosis, and Treatment.* Brit. Med. Journ., May 12th, p. 356.

The author describes three forms of ulceration affecting the lower end of the bowel—1st, the crack or fissure; 2d, a superficial ulcer, almost invariably coexistent with varicosity of the veins of the rectum; 3d, an excavated ulcer situated between the external and internal sphincters. He treats the first two forms of ulcer, before they have become indolent, with mercurial ointments, but afterwards considers division with the knife to be necessary, as it is in the third form. The bowels must be regulated with a laxative, such as confection of senna, or with sulphur.

HYRTL.—*Anal Cysts and Blind Hæmorrhoidal Tumours.* Oesterr. Ztschr. f. prakt. Heilk., v, 49, 1859.

Hyrtl describes a couple of round, pea-like, whitish cysts, at the right side of the anus, from which a soft, fatty substance could be squeezed out. They were dilated, sebaceous follicles.

SMITH, H.—*Hæmorrhoids and Prolapsus of the Rectum, their Pathology and Treatment, with especial reference to the application of Nitric Acid.* 2d edition, 8vo, London, John Churchill.

BRYANT.—*Polypus of the Rectum in a Child successfully removed.* Lancet, Oct. 27th, p. 410.

To this case is appended another of firm, fibrous polypus, occurring in an adult.

LE GROS CLARK.—*Fissure in Ano.* Med. Times and Gaz., Nov. 10th, p. 448.

Clinical remarks on the diagnosis and treatment of this affection.

SMITH, H.—*On some Points connected with the Pathology and Treatment of Prolapse of the Rectum.* Med. Times and Gaz., Nov. 17th, p. 457.

A paper read before the South Hants Medical and Chirurgical Society, in which the author distinguishes between protrusion of the mucous membrane alone and that of all the coats of the bowel. In severe cases he recommends deligation, but in slighter ones the application of nitric acid, which may require to be repeated several times. Where the sphincter is relaxed, slips of the loose skin round the anus are to be excised.

WARD.—*Amusat's Operation performed on account of Malignant Disease of the Rectum.* Med. Times and Gaz., Aug. 25th, p. 187.

The patient, who had long had carcinoma of the rectum, was greatly relieved by the artificial anus. The operation was facilitated by the previous injection of air into the colon.

LUKE.—*Obstruction of the Bowels; Operation for Artificial Anus; Death; Autopsy.* Med. Times and Gaz., Feb. 18th, p. 165.

In a case of stricture of the rectum, with a reducible inguinal hernia on each side, Luke reduced the left hernia, laid open the inguinal canal, passed his finger into the abdominal cavity, drew out the sigmoid flexure of the colon, fixed it in the external wound, and opened it. The patient survived only six hours.

GENITO-URINARY ORGANS.

I.—PENIS.

Penis.—Report of Six Cases of Amputation of the Penis. Med. Times and Gaz., May 12th, p. 471.

In all these cases the disease was epithelioma.

WENZ, R.—*Amputation of the Penis, on account of Cancerous Disease.* Würtemb. Corr.-Bl., xxx, 12. Schmidt, No. 10, vol. 108, p. 64.

II.—SCROTUM.

ERICHSEN.—*Acute Inflammatory Œdema of the Scrotum, ending in Gangrene.* Med. Times and Gaz., Sept. 1st, p. 211.

In this case the whole scrotum sloughed, laying bare the testes and a hernial sac.

III.—TESTIS AND SPERMATIC CORD.

(*a*) *Fungoid Disease.*

COULSON.—*Hernia Testis from Strumous Deposit; Partial Removal; Cure.* Med. Times and Gaz., Jan. 7.

Coulson shaved off the protruding portion, and united the edges of the skin across the surface of the wound. Recovery was retarded by erysipelas, but the operation was ultimately successful.

DIEULAFOY.—*Benign Fungus of the Testis.* Journ. Méd. de Toulouse. Ann. par Jamain et Wahu, p. 244.

(*b*) *Cancer.*

LAWRENCE.—*Cancer of the Testis.* Med. Times and Gaz., March 24th, p. 290.

This was a firm variety of medullary cancer, of five years' duration.

(*c*) *Hæmatocele.*

GRUBER, Dr. JOS.—*On the Pathology of Hæmatocele.* Wien. Zeitschr., N. F. ii, 47, 1859. Schmidt, No. 6, vol. 106, 326.

POLAND.—*Removal of a Degenerated Spontaneous Hæmatocele.* Lancet, Jan. 28, p. 91.

Excision of Testis.—Report of Seven Cases. Med. Times and Gaz., May 12th, p. 471.

Two of these are cases of carcinoma, in which the disease speedily returned; four of scrofulous disease, and one of cystic sarcoma. All the patients recovered from the operation.

(*d*) *Varicocele.*

LEE, H.—*On the Radical Cure of Varicocele by Subcutaneous Incision.* (Tract.) London, John Churchill.

A paper read before the Medical Society of London, in which Lee recommends the subcutaneous section of the dilated spermatic veins, after compressing them with a twisted suture above and below the point to be divided.

JOBERT DE LAMBALLE.—*The Treatment of Varicocele.* Gaz. des Hôp., 101, 1859. Schmidt, No. 6, vol. 106, p. 325.

Jobert compresses and cuts through the vessels and their coverings with a loop of wire, the ends of which run through two holes in a heart-shaped piece of metal, and are secured to two small knobs.

ERICHSEN.—*Varicocele on both Sides; Vidal's Operation; Removal of Skin of Scrotum.* Med. Times and Gaz., March 17th, p. 263.

——— *Case of Death from Rupture of a Varicocele.* Lancet, March 24th, p. 295.

In a case of double varicocele, after the veins had been obliterated by the twisted suture, Erichsen removed a large quantity of the loose skin of the scrotum.

A man, the subject of varicocele, received a blow upon the scrotum, which became livid and enormously swollen. Much clotted blood was evacuated by free incisions, but fatal bleeding continued. The body having been injected with red size, one of the dilated spermatic veins was found burst.

——— *Treatment of Varicose Veins of the Legs, and of Varicocele.* Brit. Med. Journ., Feb. 25th, p. 141.

The obliteration of varicose veins in the legs is effected by Erichsen by compressing them between a harelip pin, which is passed beneath them, and a piece of bougie, which is placed superficially above the needle, the extremities of the needle and bougie being tied together. Care should be taken not to transfix the vein. Injections of perchloride of iron are dangerous. He obliterates the spermatic veins with a silver thread, which is cast round them, and tightened so as to cut its way out by ulceration.

IV.—URETHRA.

(*a*) *Stricture and Rupture of the Urethra, and their Consequences.*

WADE.—*Stricture of the Urethra; its Complications and Effects. A Practical Treatise on the Nature and Treatment of those Affections.* London, Churchill, 1860.

The tenth edition, much enlarged, with engravings.

LE GROS CLARK.—*Some Consequences of Stricture, and their Treatment.* Med. Times and Gaz., Dec. 15, p. 575.

A clinical lecture, in which Le Gros Clark, in cases of impassable stricture, with retention or difficult micturition, where the perinæum is thickened, and where there is a localized urinary abscess, inculcates the practice of simply cutting into the urethra behind the obstructed part, so as to provide an escape for the urine. He deprecates the immediate introduction of a catheter into the bladder, and much more fixing one permanently in this organ, as its presence gives rise to irritation. He trusts much to "Nature's modelling power," and as the case advances towards cure, occasionally passes a bougie to assist in enlarging the calibre of the canal.

BRYANT.—*Retention of Urine, with Impassable Stricture; Operation; Recovery.* Med. Times and Gaz., Dec. 8th, p. 559.

STANLEY.—*Extravasation of Urine within the Pelvis.* Med. Times and Gaz., Sept. 1st, p. 211.

The patient had long had difficulty in micturition; his penis was hypospadic, and the external orifice of the urethra was about the size of a pin's head. He was admitted into St. Bartholomew's Hospital with a distended bladder, tender perinæum, and red blush on the lower part of the belly. There was prominence, with fluctuation, in the left iliac region. Stanley diagnosed extravasation of urine into the cellular tissue of the anterior abdominal walls and ischio-rectal fossa. He made a deep incision on a staff, as in the lateral operation for stone, and gave vent to about a pint of ammoniacal urine, but the man died.

WOOD, JNO.—*Two Cases of Stricture of the Urethra Successfully Treated by the Urethrotome Dilator.* Lancet, July 21, p. 58.

This instrument, of which a figure is given, consists—(1) of a long steel staff, of the size of a No. 2 catheter, grooved along its convexity except for about two inches from its point, where it is curved. (2) Of a German silver canula, of the size of a No. 12, conical at its point; at the under surface there is a slit, through which a lancet-shaped blade can be projected. In using this instrument, the small steel staff is first passed through the stricture, and then the canula dilator is slid upon it till its conical extremity is engaged in the stricture, which is cut by projecting the concealed blade.

SHILLITOE, BUXTON.—*On a New Form of Catheter for Dilating Strictures.* Med. Times and Gaz., July 7, p. 5.

This catheter has "the form of a short cone, commencing about one inch and a quarter from the end."

MARSHALL, JOHN.—*On a New Urethrotome for the Treatment of Obstinate Stricture of the Urethra.* Lancet, April 14, p. 370.

This is a solid steel bougie, the stem of the size No. 10; the curved end for three inches has the size No. 2; the intermediate portion is one and a half inch long, and wedge-shaped. It is flattened on its upper and lower surfaces in such a manner that the sides form thin wings, with blunt cutting edges. The thin, curved end of the bougie being passed through the stricture into the bladder, the penis is drawn forward upon the instrument, which glides through the stricture with a very slight force.

Jamain.—*Rupture of the Urethra; Infiltration of Urine; Fracture of the Pubis; Death on eighth day.* Ann. par Jamain et Wahu, p. 235.

Paget.—*Fracture of the Pelvis and Rupture of the Urethra; Stricture, with False Passages and a False Bladder; Operation; Successful Result.* Med. Times and Gaz., Feb. 11, p. 141.

A large pouch had formed between the pubes and true bladder, into which the urine constantly escaped. Catheters passed readily into this pouch, but could not be introduced into the bladder. There was a fistula in the perinæum, which was hard and swollen. Paget cut into the perinæum in the middle line, found the vesical part of the urethra with a probe, and succeeded in placing a No. 8 flexible catheter in the bladder.

Fergusson.—*Case of Obliterated Urethra from Injury; Three Fistulæ in Perinæo; Satisfactory Results from Treatment.* Lancet, July 21, p. 57.

A seaman, aged twenty-two, was struck on the perinæum by a beam, which lacerated the urethra; the urine flowed by the wound for upwards of two months. Three months after the wound had nearly healed, three fistulæ formed in the perinæum. A catheter was introduced with difficulty, the patient being under the influence of chloroform, and the urethra having been again rendered patent, the three fistulæ closed; a fourth, which was situated just in front of the scrotum, was diminished by a plastic operation.

Symonds.—*Old Stricture complicated with Abscess; Retention of Urine; Perineal Section; Complete Recovery.*

Symonds.—*Transient Retention of Urine; Perineal Section subsequently done for Relief of the Stricture; Successful in Immediate, Fatal in Secondary, Results; Autopsy.* Med. Times and Gaz., Aug. 11, p. 134.

Lunn, Dr.—*Retention of Urine, and Impassable Stricture; Perineal Urethrotomy; Death.* Med. Times and Gaz., Feb. 11, p. 142.

A man, aged twenty-four, of intemperate habits, and who had been the subject of stricture for six years, during the first five of which he had been in the habit of passing a bougie, was seized with retention of urine March 17th. A catheter could not be passed. 18th.—A little urine passed, but a second trial with the catheter failed; peritonitis set in. 19th.—A third attempt with the catheter being unsuccessful, Lunn cut down on the extremity of the instrument in the perinæum, and with some difficulty the urethra was opened beyond the stricture. Hæmorrhage was free. No great quantity of urine escaped. 21st.—Death. *Autopsy.*—Signs of peritonitis, chiefly in the iliac regions; bladder empty, contracted; an opening, a quarter of an inch long at its fundus; the cellular tissue in the pubic region dark, gangrenous, had a urinous odour.

Craven.—*Impassable Stricture and Extravasation of Urine; Perineal Urethrotomy; Death.* Med. Times and Gaz., Feb. 11, p. 143.

Lee, Henry.—*Division of Stricture of the Urethra by the Boutonnière Operation.* Lancet, April 14, p. 372.

Hamilton.—*Two Cases of Impermeable Stricture of the Urethra, treated with Stafford's Perforator.* Dublin Hosp. Gaz., March 1, p. 65.

STRICTURE.—*Report on Three Cases treated by External Incision.* Med. Times and Gaz., May 12, p. 472.

Two of these were cases of extravasation of urine, which in one reached nearly as high as the umbilicus. In the third case the orifice of the urethra was so contracted that it would hardly admit a small probe, and three or four fistulous openings existed just behind the glans penis, through which nearly all the urine escaped. The strictured part was freely divided. Subsequently the fistulæ were closed by transplanting a flap from the prepuce, and the urine was diverted through the perinæum by a canula fixed in the urethra, which Dr. Humphrey had opened in this situation.

STEIGER.—*Dangerous Bleedings in the Treatment of Old Strictures of the Urethra.* Würztb. Med. Ztschr., vol. i, p. 55.

(*b*) *Abscesses.*

VENOT.—*On Abscesses in the Neighbourhood of the Urethra.* Journ. de Bord., 2 sér., v, p. 113 sqq., Mars.

Abscesses which occasionally are associated with blennorrhœa are of two sorts—those which concern the cellular tissue round the urethra, and those originating in the follicles of the urethral mucous membrane. The former are phlegmonous swellings, generally on the under surface of the penis, very commonly in the angle between the penis and scrotum, and end by healthy suppuration and cicatrization; they do not obstruct the flow of urine. The latter begin as small, inconspicuous, deeply seated tumours, which are hard, and may remain long stationary; they sometimes become painful, enlarge, and assume the characters of abscesses, which may burst internally or externally, or in both directions. They give rise to strictures and urinary fistulæ. Venot recommends early evacuation when they enlarge and become painful.

(*c*) *Painful Condition of the Urethra.*

COSTES.—*Urethralgia.* Journ. de Méd. de Bord. Ann. par Jamain et Wahu, p. 232.

V.—URINARY BLADDER.

1. INJURY.

SPENCE.—*Case of Rupture of the Urinary Bladder.* Edin. Med. Journ., May, p. 981.

2. DISPLACEMENT.

JOHNSTON, HENRY.—*Singular Case of Inversion of the Urinary Bladder during Pregnancy.* Dublin Hosp. Gaz., April 16th, p. 126.

A young woman, æt. 20, about four months pregnant, after lifting a box, felt great uneasiness in her back, accompanied by a frequent and urgent desire to pass water, together with vomiting and great tenesmus. The bladder protruded through the meatus urinarius in the form of a soft, fluctuating, pyriform tumour, and was at first mistaken for the membranes, a miscarriage being supposed. On gently compressing it, the protruding bladder receded, and the symptoms were at once relieved.

3. PARACENTESIS.

ERICHSEN.—*Perineal Emphysema, spreading to the Upper Parts of the Body, from Puncture of the Bladder through the Rectum for Retention.* Lancet, Jan. 28th, p. 89.

TATUM.—*Perineal Emphysema, spreading to the Upper Parts of the Body.* Lancet, Jan. 28th, p. 90.

In both these cases the bladder was tapped through the rectum, to relieve retention from impermeable stricture. In Erichsen's patient the emphysema appeared on the seventh day, and at the autopsy the gas which escaped from the cellular tissue of the anus had a feculent odour. The opening between the bladder and rectum was observed to be valvular. In Tatum's patient the emphysema appeared on the next day after the operation.

4. DISEASES OF THE BLADDER.

(*a*) *Cancer.*

RUSSELL, JAMES.—*Cases of Malignant Disease of the Bladder.* Brit. Med. Journ., Feb. 4th, p. 84.

LUKE.—*Cancer of the Bladder.* Med. Times and Gaz., March 24th, p. 292.

A medullary cancer of the trigone, as large as half an egg, was found after death in the bladder of an old man who had suffered from profuse hæmaturia during the last nine months of his life. His kidneys and ureters were sacculated and dilated.

WATSON, HERON.—*Case of Cancer of the Bladder.* Edin. Med. Journ., June, p. 1093.

(*b*) *Stone.*

1. *Remarkable Calculi.*

HALL.—*A Bundle of Fine Hairs, two inches long, growing from the Walls of the Female Bladder, and covered with Crystals of Triple Phosphate; Successful Removal by Dilatation of the Urethra.* Lancet, Nov. 10th, p. 461.

These hairs appeared to have grown from the mucous membrane of the bladder; bulbs were distinctly visible in about one third of them.

HAMILTON.—*Case of Enormous Urinary Calculus.* Dub. Hosp. Gaz., Sept. 1, p. 259.

The stone completely filled the bladder; it could be felt above the pubes and through the rectum; it weighed three quarters of a pound, and was in great part composed of triple phosphate. No operation for its removal was practicable, and the patient, a man, æt. 27, died two years after the commencement of bladder symptoms.

BROWNE, J.—*Case of Enormous Vesical Calculus.* Dub. Hosp. Gaz.

This stone weighed about four ounces and one fifth, and was removed from a man, æt. 60, after death.

BRODIE, Sir B., and LAWRENCE, W.—*Cases of Calculi mixed with Teeth, Hair, &c.* Med.-Chir. Trans., pp. 109—112.

2. *Lithotomy.*

Heyfelder, J. F.—*Vesical Calculi and Lithotomy.* Deutsche Klinik, Oct. 6th, p. 393.

Most of Heyfelder's stone patients were children from the neighbourhood of Moscow. He found the Vichy waters very useful in gravel in adults. A fatal, lateral lithotomy is reported, where the bladder was found divided by a constriction into two cavities; from the anterior a calculus had been removed, the posterior still contained one.

Buchanan, A.—*On Lithotomy considered as a Cause of Death, with Remarks on the Present State of the Operation usually called the "Rectangular Operation for Stone;" and on the best Method of Extending the Ordinary Incisions in that Operation, for the purpose of Extracting Stones of unusually Large Size.* Med. Times and Gaz., March 31st, p. 311; April 7th; 14th, p. 339.

The author discusses the various causes of death after lithotomy, and recommends a median operation, with a rectangular staff, which, he says, is less liable to be followed by infiltration of urine than the common lateral operation.

Edwards.—*Notes on the State of Lithotomy, Past and Present.* (From a Lecture.) Edin. Med. Journ., June, p. 1082.

A historical sketch of the various modifications which lithotomy has undergone, from the earliest recorded notices to the present day.

Birkett.—*Lithotomy for a Second Time in the same Patient.* Med. Times and Gaz., Dec. 15th, p. 584.

The second operation was performed six years after the first, during five of which he had been quite free from symptoms of stone. The incision was made in the situation of the former one.

Rigby, James.—*Notes of Three Cases of Lithotomy.* Med. Times and Gaz., Dec. 8, p. 555.

In one of these cases the bilateral operation was performed, on account of the large size of the stone.

Price.—*Two Cases of Stone in the Bladder; Lithotomy; Recovery; the Second Case Operated on for the Third Time.* Lancet, April 14th, p. 372.

Price repeated the lateral operation a second and third time on the same patient, cutting in the scar of the first operation.

——— *Case in which there were Fourteen Stones in the Bladder of a Man æt. 72; Lithotomy; Unsuccessful Result.* Lancet, June 16th, p. 596.

Ure.—*Stone in the Bladder; Lithotomy; Inflammation at the Neck of the Bladder; Complete Recovery.* Lancet, Oct. 6th, p. 339.

Williams.—*Report of Cases of Calculus Vesicæ Operated on, during the Years 1858-59, in the Norfolk and Norwich Hospital.* Lancet, Aug. 18th, p. 164.

This embraces twenty-two cases of stone in the bladder, in thirteen of which the lateral operation was done, and the median in eight; in one (a female) the stone was removed by dilatation. Five of the patients upon whom the median operation was performed were past fifty years of age; the youngest, which was the only fatal case, was eighteen months old.

SIMON.—*Cystotomy for the Removal of a Piece of Bougie from the Bladder; Favorable Progress; Apoplexy; Death.* Med. Times and Gaz., June 30th, p. 646.

WOOD, JOHN.—*Lithotomy; Use of a New Form of Staff for Dilating the Prostatic Urethra.* Med. Times and Gaz., Dec. 22d, p. 610.

This staff (of which a figure is given) consists of two parts or blades, one of which slides in the other like the male blade of a lithotrite, and is also capable of rotation, by which the blades are laterally separated. The latter motion stretches the urethra from side to side, and allows the forefinger to pass between the separated blades into the bladder, after the tense urethra has been cut into. Mr. Wood uses a long, narrow knife, and makes a curved incision, which sweeps round the bulb. The urethra is to be opened in the median line.

WARD, N.—*On Allarton's Lithotomy Operation.* Lancet, June 9th, p. 566.

Ward expresses a favorable opinion of this operation; its comparatively greater safety, simplicity, and facility of performance, appear to him to constitute its peculiar merits. He had formerly been accustomed to Dr. Key's operation with the straight staff.

CRITCHETT.—*Median Lithotomy.* Med. Times and Gaz., Jan. 7th, p. 11.

Report of a case in which Critchett removed by the median operation two stones, coated with phosphates, from a boy, æt. 3. The external wound was not more than ¾ of an inch long, and there was no arterial bleeding.

TEALE, T. P.—*Median Lithotomy; Death.* Med. Times and Gaz., March 10th, p. 232.

The patient was fifty-two years old. The stone, which was in the upper part of the bladder towards the pubes, was caught with difficulty. Death, from peritonitis, took place in the following night.

KING, Dr.—*Median Lithotomy; Free Venous Hæmorrhage; Plugging of the Wound; Recovery.* Med. Times and Gaz., Feb. 4th, p. 116.

A calculus, 1¾ inch long and ⅞ths of an inch broad, weighing two drachms one scruple, was removed by median lithotomy from a boy, æt. 12, who had had symptoms of stone since he was three years old. Free venous bleeding took place during the operation, and recurred in the evening to a still greater extent.

HOLT, BARNARD.—*On Allarton's Operation for Stone in the Bladder.* Lancet, Sept. 18th.

Holt warmly advocates this operation, and reports the successful case of a gentleman, æt. 75, from whom he removed three calculi of considerable size by this proceeding.

3. *Lithotrity.*

THOMPSON, H.—*On the Great Importance of Early Diagnosis and Treatment for Stone in the Bladder.* Lancet, Jan. 21st, p. 56.

The ease and safety with which the destruction of a small calculus can generally be effected with the lithotrite is contrasted with the gravity that attaches to a stone of considerable size in adults. In children also an early diagnosis is most desirable. Where the stone has the size of an apple-pip, Thompson uses a lithotrite, the diameter of which is between a No. 5 and No. 6 catheter; where the stone is larger than a pea, he prefers lithotomy, on account of the difficulty which attends the expulsion of any but small fragments.

CRICHTON.—*On the Prevention of the Formation of Stone in the Bladder.* Lancet, Sept. 15th, p. 260.

COULSON.—*Observations on Lithotrity.* Lancet, Jan. 14th, p. 29.

The author assumes the superiority of lithotrity over lithotomy in all cases to which the former is applicable, and says that where the stone is small and the genito-urinary organs are sound, a speedy cure may be confidently expected from it; but where the stone is hard and large, and the urinary organs are much diseased, it is unsuitable. He prefers a lithotrite to a sound where there is difficulty in detecting the stone, and where the prostate is enlarged considers a longer lithotrite than that usually employed to be indispensable.

PAGET.—*Stone in the Bladder; Lithotrity; Symptoms of Rupture of Renal Abscess; Death.* Med. Times and Gaz., March 31st, p. 315.

W. P—, æt. 42, had had symptoms of stone in the bladder for eight months. The urine contained much pus and mucus, but the bladder was not irritable. Lithotrity was done four or five times, and much débris of the stone was voided. The urine then became fetid, and the bladder very irritable; the belly tense and painful; the patient feverish and restless, and sank from exhaustion. The left kidney consisted of several cavities containing pus; in one of them there was an irregular oxalate-of-lime calculus. The right kidney was enlarged and beginning to suppurate. There were six or seven pieces of the calculus in the bladder.

SKEY.—*Calculus in the Bladder; Lithotrity; the Stone Crushed in Five Sittings, without Chloroform; Good Recovery.* Lancet, Nov. 10th, p. 459.

This was a lithic-acid calculus, the size of a walnut.

THOMPSON, H.—*Old Disease of the Bladder; no Urine passed for Years except by the Catheter; Calculus; Lithotrity Successful.* Lancet, Nov. 10th, p. 460.

Owing to complete paralysis of the bladder, there was total inability to expel the fragments, which were all removed by washing out the viscus with tepid water.

THOMPSON, H.—*Small Calculus in the Bladder of a Boy; Lithotrity Successful at a Single Sitting.* Ib.

BIRKETT.—*Calculus in the Bladder for Two Years; Lithotrity several times; Successful Result.* Ib.

The stone was a large uric-acid one, and was crushed four times.

URE.—*Calculus in the Bladder treated by Lithyolysis, or Solution of the Stone by Injections of the Carbonate of Lithia, conjoined with Lithotrity.* Lancet, Aug. 25th, p. 185.

4. *Calculi in Females.*

HUNTER, JOHN.—*A Case of numerous Calculi in the Bladder of a Female.* Lancet, July 21st, p. 56.

Mrs. S—, æt. 55, had suffered from urinary disease for five years. Under tonics, antacids, and "nitary" injections, the symptoms improved, and the case was supposed to be one of chronic cystitis. She subsequently voided a phosphatic stone 1 inch long and ⅓rd of an inch wide, after several hours' agony. A catheter having been introduced, the bladder seemed to be full of of stones, and several small ones were removed, the urethra having been previously dilated during twenty-four hours with tent of gentian root. One stone having resisted all attempts to withdraw or crush it, Hunter divided the urethra right and left, by two incisions towards the rami of the pubes. Not having sufficient room, he cut upon the stone projected into the vagina with a curved forceps, but was compelled to lay open the urethra into the vagina, after which he extracted a lithic-acid stone nearly as large as a hen's egg. The patient recovered, and could hold her water three hours.

CANTON.—*Stone in the Bladder of a Girl aged Six Years; Extraction; Recovery.* Lancet, April 14th, p. 371.

STANLEY.—*Lithotomy in a Girl aged Thirteen Years; Removal of a Large Stone; Perfect Recovery.* Med. Times and Gaz., March 31st, p. 315.

Stanley divided the urethra upwards towards the pubes, for about half an inch, and then used Weiss's dilator till the finger could be passed into the bladder. The stone was nearly as large as a pigeon's egg.

ATKINSON, E.—*Case of Lithotomy in a Female; Removal of a Large Stone; Rapid Recovery.* Med. Times and Gaz., Aug. 25th, p. 181.

By dilating the urethra and dividing it with a bistoury, towards the right and left, Atkinson removed a stone from the bladder of a Jewess, æt. 54. The stone weighed nineteen drachms, and measured 4½ inches round its short, and 6 inches round its long, axis.

VI.—DISEASES OF THE PROSTATE.

PITMAN, Dr.—*Unsuspected Abscess of the Prostate Gland, in a Case of Gonorrhœa, with Febrile Symptoms; Fatal Result.* Lancet, Oct. 27th, p. 408.

A baker, æt. 25, had had gonorrhœa for a fortnight, with pain in the loins. On admission into the hospital he had the aspect of a fever patient, and was unable to pass urine except by catheter. He became delirious, and sank nine days afterwards. A large abscess was discovered between the bladder and rectum, communicating with the prostatic urethra by two ragged holes, and the prostatic tissue was extensively destroyed by suppuration.

ERICHSEN.—*Case of Death from Profuse Hæmaturia, consequent on an Abscess between the Prostate and Rectum.* Med. Times and Gaz., July 28, p. 79.

MEADE, R. H.—*On Inflammation and Abscess of the Prostate Gland.* Med. Times and Gaz., Oct. 20th, p. 372.

Four cases of this affection are here described by Meade, who wishes to show the expediency of evacuating the matter by incising the prostate through the rectum.

OESTERREICHER, Dr.—*On Diseases of the Prostate, and their Treatment at Carlsbad.* Wien. Ztschr., N. F. iii, 7, 1860. Schmidt, No. 6, p. 323.

From a retrospect of ninety cases of prostatic disease, Oesterreicher adopts the annexed five groups, with reference to their most important symptoms. All begin with a constant, dull sensation of a foreign body in the situation of the prostate, which is increased by laborious defecation, long sitting, driving and riding, &c. This sensation finally becomes an acute pain, the evacuation of the bladder is attended with tenesmus, and swelling of the testis, spermatic cord, corp. cavern, and hæmorrhoids.

Group I. Chronic inflammation or swelling of the prostate, with more or less general affection of the urinary organs, and remains of former syphilis.

Group II. The same state of the prostate, complicated with stone in the kidney and bladder.

Group III. The same prostatic affection, associated with urethral catarrh, inflammation, and stricture.

Group IV. Prostatic swelling coexistent with chronic irritation of the seminal organs.

Group V, and chief group. Simple chronic inflammation or hypertrophy of the prostate.

Oesterreicher's treatment consisted mainly in a copious use of the mineral spring.

SYPHILIS.

1. *Text-books, Manuals, Treatises, &c.*

HŒSER, H.—*Manual of the History of Medicine, and of Epidemic Diseases.* Vol. ii, part 1. Jena, F. Mancke, 1859, pp. 184—296.

The history of syphilis in the middle ages.

ACTON, WM.—*A Practical Treatise on Diseases of the Urinary and Generative Organs of both Sexes, including Syphilis.* 3d edit., 8vo. London, Churchill.

PARKER, LANGSTON.—*On Syphilitic Diseases.* London, John Churchill, 1860.

The fourth edition, entirely rewritten, with numerous additions.

DARTNELL, R. G.—*On the Prevalence and Severity of Syphilis in the British Army, and its Prevention.* Brit. Med. Journ., April 28th, p. 317.

The establishment of lock hospitals in garrisons and camps is recommended. The inefficiency of the customary "health inspection" to the detection of chancre also is pointed out.

V. HÜBBENET, C.—*Observation and Experiment in Syphilis; Contributions to the Pathology of this Disease.* With 5 plates. Leipzig, H. Haessel, 1859.

2. *Chancre, Constitutional Congenital Syphilis.*

GAMBERINI and THIRY.—*On Chancre.* Journ. de Brux., xxix, p. 116, Août, 1859, and Presse méd., 38, 39, 1859. Schmidt, No. 7, vol. 107, p. 45.

ROLLET.—*On the Plurality of Venereal Diseases.* Savy, Paris. (Tract.)

HECKER.—*Cases of Congenital Syphilis.* Virch.'s Archiv, xvii, 1 u. 2, p. 190, 1859. Schmidt, No. 6, vol. 106, p. 302.

VIDAL, EMILE.—*On Congenital Syphilis.* Paris. (Tract.)

TÜNGEL, C.—*Constitutional Syphilis.* Klin. Mirth. & des Allg. Krankenh. in Hamburg, 1858. Hamburg, Otto Meissner.

VIRCHOW.—*On the Nature of the Constitutional Syphilitic Affections.* Arch. f. path. Anat., Bd. xv, 3 and 4 Heft., Nov., 1858. (Also in a separate form, Reimer, Berlin, 1859.) Canstatt, vol. 4, p. 211.

A masterly account of the pathological anatomy of these affections, and refutation of the views of the antimercurialists, who hold that the mercurial cachexia is attended by bone-diseases identical with those due to syphilis.

DOYON and DRON.—*Cases where Syphilis was Communicated by a Suckling to its Nurse.* Rev. Thér. du Midi, xiii, pp. 373 and 401, Juillet et Août, 1859. Schmidt, No. 7, vol. 107, p. 50.

A detailed account of nine cases.

DUPONT and LIMBOURG.—*On the Contagiousness of the Varieties of Secondary Syphilis, and on Chancres on the Head.* Presse Méd., 26, 32, 1859. Schmidt, No. 6, vol. 106, p. 302.

Dupont and Limbourg maintain that a chancre alone can produce a chancre, and that where supposed secondary affections have been communicated the observers have mistaken modified primary sores for secondary ones.

JOHNSON, G.—*Case of Primary Sore, resulting from Contact with a Person Suffering under Secondary Syphilis.* Brit. Med. Jour., August 18, p. 649.

LEE, H.—*On a Form of Secondary Syphilitic Inoculation.* Med.-Chir. Trans., p. 57.

A series of selected cases, to show that secondary syphilis may be communicated by contact from one individual to another, and that one form in which it is so communicated bears a very strong resemblance to the primary indurated chancre.

FAYE, HEBRA, and LINDWWUN.—*On the Influence which an Anti-syphilitic Mercurial Treatment of Parents has on the Health of their Children.* Schmidt, No. 7, vol. 107, p. 49.

In reply to an inquiry about this subject, addressed by Faye to medical practitioners in all countries, Hebra reports ten cases from his private practice, from which he draws the following deductions:

1. Secondary syphilis may be communicated to the woman without local affection of the male genital organ; if so, the more readily when traces of syphilis are present on the skin or mucous membrane.

2. Syphilis may remain latent in the body, without discovering itself by

any symptom, and first betray itself by the syphilitic affection of the children.

3. The reverse may, however, happen, viz., fathers infected with general syphilis may neither infect their wives, nor produce syphilitic children; or if the wife become infected, yet the child may be born healthy, and remain so; or if the first children perished, yet the subsequent children may be born without syphilis.

4. The customary mercurial treatment does not guarantee against relapse in the persons of the parents, nor against transmission of the disease to the children. But this defect is common to all other modes of treatment, and it must be granted that syphilis in parents and children is most certainly and safely treated by mercury.

DUNCALFE, H.—*Gonorrhœal and Syphilitic Rheumatisms.* Brit. Med. Jour., June 9, p. 432.

The author endeavours to show that rheumatism occurring during the progress of venereal disease is dependent upon it, and not merely concomitant; and he draws attention to the importance of a correct appreciation of the relative connection of these diseases.

FISCHER.—*On Syphilitic Myositis.* (This article is extracted from a long memoir on myositis, published in the 'Union Médicale de la Gironde, Janvier et Février, 1859.) Ann. par Jamain et Wahu, p. 191.

Fischer adopts Bouisson's arrangement of syphilitic affections of muscles, viz.—(1) muscular pains, or syphilitic rheumatisms; (2) muscular contraction, of which this memoir particularly treats; and (3) gummy tumours of the muscles. This transformation is consequent on a slow inflammation of the muscular tissue. It begins slowly, with vague pain, especially at night, and some constraint in the movements of the limb. The muscles slowly enlarge, become harder, more elastic, and their contraction is difficult, painful, and imperfect. In the course of the disease the hardness of the muscles increases and approaches that of cartilage, and movement is impossible. This condition is followed by an atrophic shortening.

LAGNEAU, Junr.—*On Syphilitic Tumours of the Tongue.* Gaz. Hebd., vi, 32, 33, 35, 1859. Schmidt's Jahrb., No. 4, vol. 106, p. 45.

RUSSEL, JAS.—*Cases of Syphilitic Disease of the Cranium.* Brit. Med. Jour., March 3, p. 165.

ROTH, Dr.—*Syphilitic Gummy Tumours of the Dura Mater.* Bayer. Aerztl. Intell. Bl., 37, 1859. Schmidt, No. 6, vol. 106, p. 299.

MUNK, Dr.—*Hemiplegia Syphilitica.* Deutsche Klinik, 47, 1859. Schmidt, No. 6, vol. 106, p. 301.

BEYRAN, Dr.—*Syphilitic Paralysis of the N. Oculo-motorius Externus.* Bull. de l'Acad., xxv, p. 356, Févr. Schmidt, No. 6, vol. 106, p. 301.

BOECK.—*A Treatise on Tertiary Syphilis.* Christiana. (Tract.)

KELLER, Dr.—*Serpiginous Ulcers of the Skin.* Wien. Med. Wohnschr., 46, 47, 1859. Schmidt, No. 7, vol. 107, p. 52.

SIGMUND.—*On Morbid Appearances of the Hair in Syphilis.* Oesterr. Zeitsch. f. prakt. Heilk., v, 37, 1859. Schmidt, No. 4, vol. 106, p. 46.

According to Sigmund, the most obvious changes which the hair undergoes in consequence of syphilis are, loss, alteration of colour, glossiness, and elasticity. The prognosis in the earlier stages is not wholly unfavorable. The appropriate treatment of the syphilitic symptoms is often followed by perfect reproduction of the lost hair, with all its former properties.

GRUBER, JOS.—*On the Metamorphoses of Organized Tissues in Syphilitic Subjects under the Use of Mercurial Remedies.* Zeitschr. d. Gesellsch. der Wien. Aerzte., Nr. 12, 1859. Canstatt, vol. 4, p. 193.

By comparing the weights of 103 syphilitic patients whilst under mercurial treatment, and during convalescence, with the weights of sixty non-mercurialized patients suffering with gonorrhœa or primary syphilis, Gruber infers that the action of quicksilver on nutrition is not greatly injurious nor lasting.

WALLER.—*Contributions to the Solution of some Disputed Questions in "Syphiliology."* Prag. Viertel-jajrschr., Bd. iii, 1859. Canstatt, vol. 4, p. 193.

Waller, by an analysis of the urine of eight syphilitic patients who had taken mercury, demonstrated the spontaneous elimination of this mineral by the kidneys; and since it is excreted by other glandular organs and by the intestinal canal, a time must come, in each case, when all of it is thrown off the system. Lorinser's statement, that quicksilver may remain years long in the body, is shown to be ill-founded.

LORINSER, F. W.—*On Deceptions and Mistakes in the Recognition of General Syphilis.* Wien. Med. Wochenschr., Nr. 14—26, 1859. Also in a separate form, Tendler and Co. Canstatt, vol. 4, p. 194.

A series of articles, in which it is attempted to be shown that the diagnosis of constitutional syphilis is uncertain, because its signs are not characteristic nor generally true, and, moreover, may be produced by mercury.

HERMANN, JOS.—*The Advantages of the Mercurial Treatment.* Wien, Tendler and Co., 1859. Canstatt, vol. 4, p. 192.

The symptoms of chronic mercurialism are considered by this author to be mistaken for those of general syphilis. (He had denied in a previous paper the existence of constitutional syphilis as an independent form of disease.)

3. *Syphilisation.*

BOECK.—*Continued Observations on Syphilisation.* Norsk Mag., xiii, 6, p. 545, 1859. Schmidt, No. 7, vol. 107, p. 46.

Boeck deprecates the use of mercury, which he calls a devilish remedy. He repeatedly maintains that relapses after cure by syphilisation rarely occur, whilst they are common after mercurial treatment. He had never seen any one blind or lame, or with broken health after syphilisation. He holds syphilisation not to be merely a local process, acting by derivation or by reparative suppuration, but to be analogous to vaccination; that it fixes a certain materies morbi of the body, and renders it latent, but does not destroy it. Neither syphilisation nor mercury, according to this author, really cures syphilis, but only renders it innocuous.

SIGMUND.—*Syphilisation in Syphilitic Diseases.* Wien. Med. Wochenschr., Nr. 17, 1859.

SIGMUND.—*The Mode of Performing Syphilisation.* Wien. Med. Wochenschr., Nr. 19, 1859.

Five cases of cure by syphilisation are related, in which Sigmund used matter from fresh, non-indurated chancres. In his description of the proceeding, it is said that for the first inoculation matter may be taken indifferently from a chancre with a soft or hard base.

LINDWURM.—*On Syphilisation and the Treatment of Syphilis with Tartar-Emetic Ointment.* Bayer. Aerztl. Intell. Bl., 113, p. 173, 1860. Schmidt, No. 7, vol. 107, p. 47.

Lindwurm refers the curative influence of syphilisation to the excretory action of the numerous and prolonged ulcerations. He had submitted fourteen syphilitic patients to friction with tartar-emetic ointment, without any other treatment. When the pustules from one inunction had dried up, a fresh crop was produced by a second inunction in another place, and this was repeated. The results were in some instances surprisingly favorable, in others less good, and in others negative. He considers that syphilisation and tartar-emetic-ointment frictions produce like results, but that the syphilitic symptoms disappear more quickly under the former plan of treatment.

HEBRA.—*On Syphilisation.* Wien. Ztschr., N. F. iii, Jan. Schmidt, No. 7, vol. 107, p. 47.

A report of twenty-four cases, of which three were affected with primary forms (ulcers and buboes), nineteen with various secondary symptoms, and two with non-syphilitic lupus serpiginosus. The inoculations consisted of four punctures, three times a week, and the whole number of punctures varied from seven to 604. Most of the patients gained weight under this treatment. The results of Hebra's observations are, that both primary and secondary syphilitic patients thrive under continual inoculation from chancrous ulcers, acquire a good personal appearance, and gradually lose all objective and subjective symptoms of syphilis.

FAYE.—*On Syphilisation.* Lancet, June 9, p. 583.

A letter from Dr. Faye to the editor, giving his experience and opinions concerning this practice in Scandinavia. He says that in Norway the curative inoculation of chancrous matter is adopted in two hospitals as well as by Prof. Boeck; that some relapses have occurred, though he believes not many; and that the true proofs of a radical cure—of a healthy organism, viz., healthy children—have, up to the present time, been scanty. He considers that the complete elimination of the syphilitic matter by chancrous inoculation is improbable, and speaks favorably of the effects of depurative suppuration with simple issues.

KALISCHER, Dr. EMIL.—*Syphilisation.* Berlin, 1860. (Tract.)

SURGERY OF THE EYE AND ITS APPENDAGES.

1. *General Manuals, Treatises, Reports, Lectures, &c.*

Bell, B.; Watson, H.—*Quarterly Report of Cases Occurring at the Edinburgh Eye Infirmary, Jan. 1st to March 1st, 1860.* Edinb. Monthly Journ., July.

Küchler.—*Twentieth Report of the Ophthalmic Institution and Operative Clinic connected with it, together with Remarks on my Principles of Action.* Deutsche Klinik, Oct. 6, p. 391.

In his observations on strabismus, Küchler protests against the extreme refinement which the details of operations for the relief of this deformity have undergone. Chloroform is usually not merely superfluous, but even injurious. The horizontal posture is not essential when the operator is ambidexter. The upper lid only requires a speculum. An assistant, with a kook, &c., to fix the eyeball, is not wanted. In most cases, Küchler seems to think it necessary to operate on both eyes, and he rejects the partial division of the tendon, recommended by V. Graefe in certain cases. In the operation for advancing a tendon which has gone too far back (as in divergence following the division of the musc. rect. int. for converging strabismus), he brings the globe into the desired position by closing the conjunctival wound on its nasal side with sutures.

Winther.—*Manual on Diseases of the Eye.* 8vo, 1st part. Giessen, 1859.

This seems chiefly intended as a guide to those commencing the study of eye diseases.

Sichel, J.—*Hippocrates on Vision.* Paris, Baillière et Fils, 1860.

Square, J.—*Address on Ophthalmic Surgery.* Read at the Annual Meetting of the Brit. Med. Ass. Brit. Med. Journ., Sept. 15, p. 715; 22d, p. 733; 29th, p. 751.

2. *Ophthalmoscope.*

Taylor, B. A.—*Cases Illustrative of the Use of the Ophthalmoscope.* Brit. Med. Journ., March 10, p. 185.

Walton, Haynes.—*Lettsomian Lectures on the Ophthalmoscope and its Application.* Delivered before the Med. Soc. of London. Brit. Med. Journ., June 16, p. 451; Aug. 4, p. 597; 18th, p. 643.

3. *Orbit.*

Demarquay.—*On Foreign Bodies in the Orbit.* L'Union, 121, 123; 1859. Schmidt, No. 4, vol. 106, p. 80.

This contains a description of the various forms of penetrating wounds, and a large number of selected cases.

Walton, H.—*Blows on the Eyeball and about the Orbital Region.* Med. Times and Gaz., p. 521, May 26.

Treats of the theories which from time to time have prevailed respecting those cases where partial or complete blindness has followed blows on the orbit or eye, accompanied very slight or no outward signs of mischief. Walton believes that in cases of this kind physical changes in the fundus may generally be detected with the ophthalmoscope.

4. *The Eyelids.*

JAMAIN.—*Abscess of the Eyelids.* Gaz. des Hôp. Ann. par Jamain et Wahu, p. 213.

SICHEL, Junr.—*Congenital Internal Epicanthus, with Atonic Ptosis of the Upper Eyelid and Converging Squint.* L'Union, 118, 1859. Schmidt, No. 3, vol. 105, p. 336.

AMMON, F. A.—*Epicanthus and Epiblepharon.* Erlangen, 1860. (Tract.)

5. *Muscles.*

LAWSON.—*Case of Oscillatory Movements of both Eyes; Division of both Musculi Rect. Int.; Great Improvement of Sight.* Med. Times and Gaz., May 26.

6. *Lachrymal Gland.*

BUSINELLI.—*Acute Inflammation of the Lachrymal Gland.* Oesterr. Ztschr. f. prakt. Heilk., v, 40, 1859. Schmidt, No. 3, vol. 105, p. 336.

A case of abscess in the upper eyelid, attended with swelling of the lachrymal gland.

HASNER.—*Sanguineous Lachrymation.* Allg. Wien. Med. Ztg., 51, 1859. Schmidt, No. 6, vol. 106, p. 330.

The necessity of accurately distinguishing bleeding from the conjunctiva from that coming from the lachrymal gland is pointed out, and the possibility of a mistake is shown by a case where a small polypoid growth near the inner and upper angle of the orbit was the source of the blood. A case of genuine bloody weeping from the lachrymal gland is reported. The patient, a girl, æt. 13, had not menstruated.

7. *Lachrymal Efferent Apparatus.*

TEALE, T. P., Junr.—*On Lachrymal Obstructions Treated on Mr. Bowman's Plan.* Med. Times and Gaz., January; and London, Reed and Pardon, Paternoster Row.

Teale extends the incision of the canaliculus into the lachrymal sac, which facilitates the passage of larger probes than those commonly sold as Bowman's. Teale's probes have a bulbous extremity, in consequence of which they are more easily introduced, and they cause less pain.

8. *Conjunctiva.*

STELLWAY v. CARION.—*On the Treatment of Ophthalmia Granulosa.* Wien. Med. Wohnschr., 32—36, 1859. Schmidt, No. 6, vol. 106, p. 330.

According to Stellway, the granular condition of the conjunctiva is produced by two essentially different elements—(1) Grayish prominences, of the size of a millet or hemp seed, probably having a follicular origin; (2) papillary granulations. Granular conjunctiva rarely, under the most favorable circumstances, heals spontaneously; but it does undergo a retrograde change, ending in atrophy. In the acute stage, Stellway recommends ice and leeches. Of caustics, Stellway prefers a broad, smooth piece of sulphate of copper. He deprecates the use of the solid nitrate of silver; it destroys too deeply, and produces scars.

BORELLI.—*A New and Surely-acting Plan of Curing Granular Conjunctiva.* Giornale d'Oftalmologia Italiano, vol. I. Canst., vol. iii, p. 108.

SICHEL, J.—*On the Surgical Treatment of Granular Lids, after Hippocrates.* Annal. d'Oculist, Nov., Dec., 1859. Canst., vol. iii, p. 108.

Borelli recommends the scarification of the granulations with a new, brush-like instrument, and Sichel describes the scarification and cauterization as laid down by Hippocrates.

9. *Cornea.*

ARNOLD.—*The Conjunctiva of the Cornea, and Arcus Senilis.* Heidelberg, 1860. (Tract.)

HANCOCK.—*Case of Conical Cornea, Impaired Vision, and Short-sight; Nocturnal Pain, and Morning Lachrymation; Hancock's Operation, followed by Good Results.* Lancet, July 7, p. 7.

Before division of the ciliary muscle, the patient "could not see the largest letters upon sign-boards at the distance of a yard or two, and when reading was obliged to hold the book close to her eyes. Afterwards she could read at eight or nine inches, and the cornea looked much flattened."

10. *Iris.*

WILSON, H.—*Remarkable Case of Polycoria.* Med. Times and Gaz., p. 392, April 21.

An account of a case where, from a congenital (?) defect of tissue, several apertures existed in the iris. The author refers to a description by Wilde, 'Dub. Quart. Jour. Med. Sc.,' vol. vi, p. 173.

HUTCHINSON, J.—*On Iritis as it occurs in Syphilitic Infants.* Med. Times and Gaz., p. 31, July 14.

The author gives a tabular statement of twenty-one cases, from which he deduces the following conclusions:

1. That the subjects of infantile iritis are much more frequently of the female than the male sex.
2. That syphilitic infants are most liable to iritis at about the age of five months.
3. That syphilitic iritis in infants is often symmetrical, but quite as frequently not so.
4. That iritis, as it occurs in infants, is seldom complicated, and is attended by but few of the more severe symptoms which characterise the disease in the adult.
5. Notwithstanding the ill-characterised phenomena of acute inflammation, the effusion of lymph is usually very free, and the danger of occlusion of the pupil great.

6. Mercurial treatment is most signally efficacious in curing the disease, and, if recent, in procuring the complete absorption of the effused lymph.

7. Mercurial treatment previously adopted does not prevent the occurrence of this form of iritis.

8. The subjects of infantile iritis, though often puny and cachectic, are also often apparently in good health.

9. That infants suffering from iritis almost always show one or other of the well-recognised symptoms of hereditary taint.

10. Most of those who suffer from syphilitic iritis are infants born within a short period of the date of the primary disease in their parents.

NORTH, S. W.—*Infantile Iritis from Congenital Syphilis.* Med. Times and Gaz., Nov. 3, p. 435.

This child's mother had been a prostitute, and on two occasions had suffered from venereal affections. The patient, the only living one of five children, had a syphilitic rash, and a muddy and irregular pupil.

11. *Iridectomy, Section of the Ciliary Muscle, and Glaucoma.*

WILDE.—*On Iridectomy and Glaucoma.* Dub. Hosp. Gaz., p. 262, Sept. 1.

A letter commenting on Hildige's reply, and giving extracts from correspondence with Lawrence, Dixon, Haynes, Walton, White, Cooper, and France, setting forth the opinions of these surgeons respecting the value of this mode of treatment.

HILDIGE.—*Case of Chorio-iritis of Right Eye, with Sympathetic Affection of Left; Treatment by Iridectomy.* Dub. Hosp. Gaz., p. 346, Nov. 15.

HANCOCK.—*On the Division of the Ciliary Muscle in Glaucoma.* Lancet, Feb. 11th, p. 133, and 25th, p. 185.

HANCOCK.—*Cases of Acute Glaucoma, showing the Value of Hancock's Operation of Division of the Ciliary Muscle.* Lancet, July 7th, p. 7.

Hancock supposes that spasm of the ciliary muscle constitutes an important element of glaucoma, and divides it in this disease. He proposes this as a substitute for iridectomy, and publishes cases treated in this way. Other two cases are reported in the "Mirror" of the 'Lancet.'

HULKE.—*Glaucoma, and its Surgical Treatment.* Med. Times and Gaz., p. 67; and Lancet, p. 61, July 21st.

An abstract of a paper read before the Royal Medical and Chirurgical Society, in which the author gave an outline of the symptoms, ophthalmoscopic signs, and morbid anatomy of glaucoma, and urged the great value of iridectomy, showing the groundlessness of the objections which have been taken to it.

——— *Glaucoma and Iridectomy.* Med. Times and Gaz., p. 206, Sept. 1st.

Two cases of acute and subacute glaucoma successfully treated by iridectomy, with remarks upon Wilde's review in the 'Dublin Quarterly Journal of Medical Science.'

HANCOCK.—*On the Division of the Ciliary Muscle in the Treatment of Glaucoma, as compared with Iridectomy.* Lancet, Oct. 6th, p. 337; Oct. 13th, p. 355; Oct. 20th, p. 382.

An examination of Hulke's objections to division of the ciliary muscle in glaucoma. The author's reasons for submitting this operation to the profession, not as the "*only* known," but as "the best operation" for the treatment of this disease, together with an inquiry into the results of the operation of iridectomy, as furnished by Dr. Bader's papers in the 'Ophthalmic Hospital Reports,' Nos. 9 and 10.

HULKE.—*On the Surgical Treatment of Glaucoma.* Lancet, Dec. 1st, p. 532.

A defence of the author's views, and critique on Mr. Hancock's theory.

ROUSE, JAMES.—*Cases of Glaucoma treated by Division of the Ciliary Muscle.* Brit. Med. Journ., Aug. 18th, p. 644.

COCCIUS.—*On Glaucoma, Inflammation, and the Autopsy with the Ophthalmoscope.* (A report, with one lithographic plate.) Leipzig, 1859. Canst., vol. iii, p. 108.

According to the author, paracentesis and iridectomy both act in the same way, only in different degrees, the former being less efficient in lessening the contents of the eyeball.

HILDIGE.—*Iridectomy in Glaucoma.* Dub. Hosp. Gaz., May 15th.

A case of irido-choroiditis, with complete posterior synechia, treated by iridectomy.

WILDE.—*Medical Epidemics; Glaucoma and Iridectomy.* Dub. Quart. Journ. Med. Sc., Aug., and Tract.

A review of 'Three Memoirs on Iridectomy in certain Forms of Iritis, Choroiditis, and Glaucoma, by Dr. A. v. Graefe,' and a 'Report of (78) Iridectomy Operations (for Glaucoma) performed at the Royal London Ophthalmic Hospital, from May, 1857, to Sept. 1859, inclusive, by Dr. Bader.' The author attacks iridectomy and those who perform it, and criticises a case published by Hildige, which at one time had been under his own care.

HILDIGE.—*Iridectomy in Glaucoma.* Dub. Hosp. Gaz., p. 244, Aug. 15th.

A reply to Wilde's critique.

COURSSERANT.—*On Iridectomy.* Gaz. des Hôp. Ann. par Jamain et Wahu, p. 206.

A report of two cases of acute glaucoma, and one of sub-retinal dropsy, in which this operation was done.

TEALE, J. P., Jun.—*Cases of Iridectomy.* Med. Times and Gaz., Dec. 1st, p. 529.

TAVIGNOT.—*Puncture of the Iris in Acute and Chronic Inflammation.* L'Union, 125, 1859. Schmidt, No. 3, vol. 105, p. 43.

The author states that he has cured ten cases of iritis by puncturing the iris through the margin of the cornea with a stop-needle.

GREENWAY, H.—*New Operation for Iridectomy, &c.* Med. Times and Gaz., Dec. 15th, p. 578.

The inventor proposes to cut out circular pieces of iris with an ingenious instrument that consists of two parts—A, a flat canula, with a round hole in one side, into which the iris is to be sucked by exhausting the air in the canula; and B, a sliding lancet, which chisels off the included bit of tissue. He had used this instrument in bullocks, but does not appear to have tried it in human eyes.

12. *Choroid and Retina.*

TÜNGEL.—*Choroiditis Pyæmica.* Klin. Mitth. v. d. med. Abth. des Allg. Krankenh. in Hamburg, 1859, p. 37. Schmidt, p. 81, No. 4, vol. 106.

A case of suppuration of the eyeball occurring in connexion with purulent infiltration of the muscles of the right arm and inflammation of the left knee-joint.

SICHEL.—*On the Curability of Detached Retina.* Clinique Européenne, No. 29. Canst., vol. iii, p. 111.

Sichel reports two cases, to show that the detached retina may again become applied to the choroid, and in some degree regain its function.

WORDSWORTH.—*Case of Impaired Vision; Apoplexy of the Retina followed by Hemiplegia; Recovery.* Med. Times and Gaz., p. 523, May 26th.

The patient's urine contained a very large quantity of albumen.

13. *Lens.*

V. GRAEFE.—*On the Connexion between Diabetes Mellitus and Diseases of the Eye.* Deutsche Klin., No. 10. Canst., vol. iii, p. 205.

This is a report of a communication made by V. Graefe to the Society for Scientific Medicine, Berlin. He considers the prevalent idea, that amblyopia often depends on diabetes, to be groundless, and believes the error has arisen from confusing amblyopia with impaired accommodation. The etiological dependence of cataractous, lenticular opacities on diabetes, is undoubted by Graefe, who found them present in one quarter of diabetic cases.

RICHARDSON.—*Synthesis of Cataract.* Med. Times and Gaz., April 21st, p. 412.

This is an abstract of the second paper read by Richardson before the Medical Society, London, describing experiments with glycerine, alcohol, chloride of sodium, acid urate of soda, and iodide of potassium. The injection of the first four substances into the dorsal sac of frogs was followed by opacity of the lens. A negative result was obtained with iodide of potassium.

WILSON, H.—*Pyramidal Cataract and Conical Cornea.* Dub. Hosp. Gaz., Dec. 15th, p. 371.

The description of a case, with remarks on the etiology of this condition.

14. *Amaurosis.*

HILDIGE.—*On Hysterical Amaurosis.* Dub. Hosp. Gaz., January 16, p. 25.

SHARKEY.—*Case of Hysterical Amaurosis.* Dub. Hosp. Gaz., March 15, p. 85.

Hildige reports two cases of amaurosis associated with suspended menstruation occurring in young women. No organic lesion was detected with the ophthalmoscope. Both recovered under a tonic treatment. Sharkey's patient, a delicate, nervous lady, æt. 19, became convulsed, delirious, and perfectly blind four days after her first confinement.

HILDIGE.—*On Amaurosis in Pregnancy.* Dub. Hosp. Gaz., April 2, p. 99.

Hildige remarks that the occurrence of amaurosis immediately after delivery is comparatively rare. It more generally commences in the first months of pregnancy, and disappears after delivery. Hildige found decided congestion of the optic papillæ in all the cases of amblyopia arising from pregnancy that he had examined. He attributes the blindness in Sharkey's case to congestion of the retina and optic nerve.

15. *Cancer of Eyeball.*

HULME.—*Case of Congenital* (?) *Malignant Disease of the Right Eyeball.* Med. Times and Gaz., p. 29, July 14.

A case of medullary carcinoma of both eyes, first noticed in the left shortly after birth, and ending fatally by extension backwards to the brain.

16. *Accommodation.*

LAWRENCE, Z.—*The Utrecht School of Ophthalmic Surgery.* Med. Times and Gaz., Nov. 10, p. 449; Dec. 15, p. 579; Dec. 29th, p. 634.

A *résumé* of Donder's investigations in the disorders of accommodation, together with an account of some improved methods in the ophthalmoscopic investigation of the eye, and of some miscellaneous points of interest in the pathology and therapeutics of ocular disease.

SOLOMON, V. J.—*The Surgical Treatment of Short-sight by Division of the Ciliary Muscle.* Med. Times and Gaz., p. 548, June 2.

Solomon finds that by dividing "the muscle of the lens" in a direction transverse to its fibres, its power to draw the lens forward is so far lessened that the focal range becomes doubled, both for distant and near objects.

ORTHOPÆDIC SURGERY.

JORDAN, FARNEAUX.—*The Anatomy and Surgery of Talipes Equino-varus.* Brit. Med. Jour., Jan. 7, p. 8.

A paper read before the Birmingham and Midland Counties Branch of the British Medical Association.

TUPPERT.—*On the Treatment of Club-foot.* Bayer. aerztl. Int. Bl., 3, 1859. Schmidt, Nr. 1, vol. 105, p. 90.

TAMPLIN, R. W.—*A course of Lectures on the Nature and Treatment of Deformities. Delivered at the Royal Orthopædic Hospital, May.* Brit. Med. Jour., June 16th, p. 449; 23d, p. 469; July 7th, p. 515; 14th, p. 535; 28th, p. 573; August 4th, p. 641.

ADAMS, W.—*On the Reparative Process in Human Tendons after Subcutaneous Division for the Cure of Deformities; with an Account of the Appearances presented in Fifteen Post-mortem Examinations in the Human Subject; also a Series of Experiments on Rabbits, and a Résumé of the English and Foreign Literature of the Subject.* London, J. Churchill, 1860.

COOTE, HOLMES.—*On Diseases of the Joints and Deformities*—1. *Curvature of the Spine.* London Monthly Med. Rev., July, p. 9.

BRODHURST, B. E.—*Cases of Intra-uterine Fracture, with Observations on the Analogy between Fracture in Utero and Congenital Distortion.* Med.-Chir. Trans.

Many carefully observed cases of intra-uterine fracture of the fœtal limbs, and of congenital deformities, happening after injuries to the mother, have been collected by the author in support of the opinion that "fracture in utero and congenital distortion have this in common, that physical injury has excited abnormal muscular action in the fœtus."

STARTIN, JAMES.—*Novel Operation for the Cure of Deformity of the Left Side of the Face resulting from Paralysis of the Right Side, with Successful Result.* Med. Times and Gaz., March 17, p. 263.

Startin divided subcutaneously the muscles of expression on the left side of the face of a young lady who had suffered from infancy from paralysis of the portio dura of the right side. The least attempt to speak or smile was attended with distortion of the left cheek, the right remaining without expression. Myotomy was followed by great improvement.

HOPPE.—*Extempore Apparatus for Stretching Contracted Knees.* Preuss. Vereinsz., Nr. 22. Canst., vol. iv, p. 32.

This consists of a board, on which the limb is placed, the knee being drawn towards it by a broad strap.

ULRICH.—*Contribution to the Treutment of Spinal Curvatures.* Bremen, 1860. Canst., vol. iv, p. 27.

Spinal curvatures, according to Ulrich, have but two modes of origin, a bony or muscular, the latter being by far the more common. He warmly advocates the Swedish gymnastic treatment, either alone or as an auxiliary to mechanical apparatus.

EULENBERG.—*Contribution to the Ætiology and Treatment of Scoliosis Habitualis.* Virchow's Archiv, Bd. xvii, Heft. 3 u. 4. Canst., vol. iv, p. 27.

EULENBERG.—*Contribution to the Diagnosis of Deformity (Deviation) of the Scapula, in consequence of Perverted Muscular Action.* Preuss. Vereinsz., Nos. 17 and 19. Canst., vol. iv, p. 30.

LE GENDRE.—*Case of Club-hand.* Gaz. Méd. de Paris, Nr. 19. Canst., vol. iv, p. 31.

TOPPERT.—*On the Treatment of Club-foot.* Bayer. ärztl. Intelligenzblatt, Nr. 3. Canst., vol. iv, p. 33.

LANE and FERGUSSON.—*Two Cases of Forcible Flexion of Anchylosed Elbows.* Lancet, June 9, p. 272.

LINHART, WM.—*On Relaxation; Atonicity of Ligamentous Tissues.* Prag. Vjhr.-schr., lxiv, pp. 81—105, 1859. Schmidt, No. 8, vol. 107, p. 200.

The author, in some general remarks on the nature of relaxation, says that the production of deformities of joints by a certain weakness or diminished power of resistance of their ligaments is unfounded, and then passes to a consideration of the changes which the ligaments undergo in the varieties of club-foot, &c.

LINHART.—*On Relaxation (Atony) of the Tendinous Structures.* Prag. Viertljs., Bd. x. Canst., vol. iv, p. 31.

An account of a case of double congenital luxation of the hip (with spina bifida, hydrorhachis, and genu recurvatum), together with some remarks on the origin of this deformity.

SURGERY OF THE EAR.

TOYNBEE, J.—*The Diseases of the Ear; their Nature, Diagnosis, and Treatment.* With 100 engravings on wood. 8vo. cloth, London, Churchill.

The most perfect monogram on this subject.

ERHARD.—*Rational Aural Surgery, from a Clinical Point of View.* With 31 woodcuts. Erlangen, F. Euke. Canst., vol. iii, p. 121.

TRÖLTSCH.—*Anatomical Contributions to Aural Surgery.* Archiv f. Patholog. Anat. u. Physiol. und für Klin. Medicin, Bd. xvii, Hft. 1 u. 3. Canst., vol. iii, p. 122.

A report of sixteen dissections of ears in cases of impaired hearing.

BONAFOS and LAZURNU.—*Otorrhœa; Death; Induration of the Inferior Peduncle of the Cerebellum.* Ann. par Jamain et Wahu, p. 219.

TOYNBEE.—*Acute Caries of the Tympanic Cavity.* Med.-Chir. Trans., p. 217.

BILLROTH.—*A New Instrument for the Extraction of Foreign Bodies from the Ear.* Deutsche Klinik, No. 32; with figures. Canst., vol. iii, p. 123.

This consists of a canula, from which a loop of wire can be projected and slipped behind the object to be pulled out.

KRAMER.—*The Diagnostic Tube, and the Diseases of the Middle Ear.* Deutsche Klinik, No. 52.

Kramer's tube is a sort of flexible stethoscope, one end of which is stuck in the patient's ear, the other in the surgeon's.

SURGERY OF THE TEETH.

MAGITOT, Dr. E.—*On Tumours of the Dental Periosteum.* Paris, 1860. (Tract.)

PARKER, SAML. A.—*Contributions to Dental Surgery.* Lancet, March 31, p. 318.

GRIMSHAW.—*Introductory Lecture on Dental Surgery, delivered at Steevens' Hospital School of Medicine, Dublin.* Dublin Hosp. Gaz., p. 209, July 16.

REPORT

ON

MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN.

BY

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PART I.—MIDWIFERY.

WORKS RELATING GENERALLY TO MIDWIFERY.

Dr. Fleetwood Churchill.—*On the Theory and Practice of Midwifery.* 4th edit., 1860, pp. 705.

This is a new edition of an already well-known work.

Obstetrical Transactions. Vol. I. *The Transactions of the Obstetrical Society of London for the Year* 1859. *Together with a Report of the Inaugural Meeting of the Society, a List of Officers, Fellows, &c.* 8vo, Lond., 1860, Longmans. With 7 plates and 3 woodcuts.

This volume, the result of the proceedings of the Obstetrical Society of London during the first year of its existence, contains forty-one contributions on obstetrics and diseases of women and children. Short analyses of the greater portion of these papers appeared in the 'Year Book' for 1859.

Register of Obstetric Cases. 4to, Lond., Smith and Co., 1860.

A form for the noting of obstetric cases, recommended by the Council of the Obstetrical Society.

Dr. Jackson.—*On Midwifery in the East.* Obstet. Trans., vol. ii, p. 37.

Eichstedt.—*Procreation, Mechanism of Delivery, &c.* 8vo, Greifswald, 1859.

WARRINGTON.—*The Obstetric Catechism; containing 2347 Questions and Answers on Obstetrics Proper.* With 150 illustrations, 12mo. pp. 445. Lippincott and Co., Philadelphia, 1860.

A new edition of a work which appeared first in 1853.

LENOIR.—*Atlas, complementary to all Works on Midwifery.* Paris, Victor Masson, 1860, publishing in parts.

Dr. GRAILY HEWITT.—*On the Importance of the Study of Midwifery. Being an Introductory Lecture delivered at St. Mary's Hospital Medical School.* Lancet, May 5th, 1860, p. 438.

J. T. MITCHELL.—*On some of the Exigencies connected with Preternatural Labour.* Obst. Trans., vol. ii, p. 257.

TARNIER.—*Cases in which the Extraction of the Fœtus is Necessary, and on the Operative Procedures concerned in the same.* 8vo, Paris, 1860.

GENERAL ANATOMY AND PHYSIOLOGY OF MOTHER AND FŒTUS.

Prof. SCHROEDER VAN DER KOLK.—*On the Allantois, and its Formation and Changes in the Human Subject.* C. G. van der Post, Amsterdam, 1860, 4to, pp. 36, with a plate. Med. Times and Gaz., Dec. 22d, p. 617.

This is a contribution to the history of the allantois in the human subject. The author believes that the allantois begins to form very early, before the intestinal canal as yet exists.

PLOSS.—*On the Circumstances giving rise to the Proportion of Sexes of Children.* Berl., 1859, Hirschwald. Canst., vol. iv, p. 379.

HOPPE.—*On the Duration and Hereditary Transmission of Diseases, and on the Deterioration and Improvement of the Human Race.* Berl., 1859.

TREATISES, ETC., HAVING REFERENCE TO SPECIAL BRANCHES OF OBSTETRICS.

PREGNANCY.

Duration.

TARNEAU.—*On Protracted Pregnancy.* Gaz. Hôp., 1859, 149. Schmidt, vol. 107, p. 59.

A case is here recorded in which the pregnancy extended to 311 days.

BUZZELL.—*Fœtus carried Twenty-two Months beyond Term.* Bost. Med. and Surg. Journ., June 14th. Am. Med.-Chir. Rev., Sept., 1860, p. 894.

Signs.

Dr. TANNER.—*Signs and Diseases of Pregnancy.* See end of Part II.

SCHULTZE.—*On Auscultatory Perception of Intra-uterine Respiratory Movements.* Deut. Kl., 3, 1859. Canst., vol. iv, p. 456.

In a case of prolapsus of the funis, Schultze replaced the same, and in doing so felt the respiratory movements of the nose and mouth. Applying the stethoscope he heard at the same time with each respiration of the child a loud, gurgling noise at the mother's left side, where lay the thorax of the fœtus.

BRESLAU; C. HENNIG; HAAKE.—*On the Diagnosis of the Sex of the Fœtus by the Frequency of the Cardiac Pulsations.* Mon. f. Geb., June, 1860, p. 437 et seq.

In order to test the truth of Frankenhäuser's assertion, that the sex of the fœtus can be predicted by simply counting the heart's beats, the average frequency of these pulsations being stated to be in the male 124, in the female 144, observations on a large scale have been made, quite independently of each other, by Breslau, Hennig, and Haake. The results obtained are embodied in three essays. Breslau examined fifty pregnant women, and found that a prediction based on Frankenhäuser's statements proved false in twenty-five cases and correct in nineteen; six were doubtful cases. The frequency of the pulse *after* birth was noted by Breslau. The average of thirty-nine observations of males was 124 beats per minute; the average of twenty-eight observations of females was 120.

Hennig examined twelve cases. The average of the pulsations in males before birth was 143, in females 150. He also examined the relative frequency of the pulsations during the first three weeks of extra-uterine life in 120 cases. On an average there was found to be only a trifling difference in the two sexes.

Haake's observations refer to fifty pregnant women. In the first place he found that the frequency of the fœtal pulsations does not progressively diminish with the advance of pregnancy, but that there are considerable variations at different times, irregular in character, and for the most part unexplainable, and this alone would interfere with the efficiency of Frankenhäuser's test. The average of the fœtal pulsation was in males 145, in females 143. He also found that there was no essential difference after birth.

FRANKENHÄUSER.—*On the Funic Souffle, Compression of the Funis, and Compression of the Brain.* Mon. f. Geb., May, 1860.

The funic souffle is produced, as Frankenhäuser believes, by compression of the cord. It is to be heard chiefly in the last two months of pregnancy, and was detected by himself in about eight per cent. of the cases. It is mostly heard when the breech presents, or when the cord is much twisted.

Dr. FRANCIS ADAMS.—*Fœtal Auscultation.* Med. Times and Gaz., July 21st, 1860, p. 65.

Dr. Adams maintains that the present system of fœtal auscultation is founded in error; the principal ground for this statement being the various descriptions given by authorities as to the nature of the sounds heard. He believes that the double beats occasionally heard may be caused by a couple of uterine arteries lying close together, or even by a single artery possessed of a *pulsus dicrotos* passing over some solid part of the child's body.

Dr. DRUITT.—*Practical Remarks on Fœtal Auscultation.* Med. Times and Gaz., Jan. 21st, 1860, p. 57.

Dr. Druitt concludes that the sounds of the fœtal heart may be at times inaudible in a small number of cases; that, at times, the sound may be indistinct; but that in all cases of pregnancy with a live child, at some times, and generally at all times, during the later months, the sounds may be heard clearly and unmistakeably.

Prof. CREDÉ.—*On the Cicatrix-like Streaks in the Skin of the Abdomen, the Breast, and the Thigh, in Pregnant Women and Women who have been Delivered.* Mon. f. Geb., Nov., 1859, p. 321. Schmidt, vol. 106, p. 187.

Credé finds that in not a few cases these cicatrix-like streaks are not formed at all during pregnancy, and sometimes in cases where pregnancy has repeatedly occurred there is no trace of them. This happened in ten per cent. of the cases examined.

Dr. JAMES JONES.—*Case of Tumour in the Abdomen, with a History of Supposed Pregnancy.* Med. Times and Gaz., July 21, p. 58, 1860.

Dr. ROBT. C. CROFT.—*On the Difficulty of Diagnosis between Pregnancy and Tumours of the Abdomen.* Lancet, Jan. 28, 1860, p. 85.

THOMAS.—*Fœtus in Utero; Behaviour of the Cervix during Pregnancy.* N. Y. Journ. Med., March, 1860, p. 251.

MECHANISM OF DELIVERY.

KING.—*A New Pelvimeter.* Am. Med. Monthly, Feb., 1860. Brit. and For. Quart. Rev., July, 1860, p. 275.

King's new pelvimeter consists of a cylindrical female syringe, through the extremity of which two diverging steel prongs, with knobbed ends, protrude, like the horns of a snail, and which are connected with the piston. The extent to which the diverging horns are protruded is marked off on the stem of the piston.

BIRNBAUM.—*Observations and Remarks on the Obstetric Importance of the Lumbar part of the Vertebral Column.* Mon. f. Geb., Feb., 1860, p. 98.

SCHWEGEL.—*The Joints of the Pelvic Bones, and their Relations to Parturition.* Mon. f. Geb., Feb., 1859. Schmidt, vol. 106, p. 189.

VAN PELT.—*Measurements of the Diameter of the Fœtal Head at Term, collected from Seven Hundred Cases of Labour.* Am. Med. Journ., Jan., 1860, p. 111.

Van Pelt's observations were made with Stein's cephalometer, and every precaution was taken to ensure accuracy. The *average* occipito-mental measurement of 646 heads was $5\frac{17}{40}$ inches; the occipito-frontal, $4\frac{28}{40}$; the bi-parietal, $3\frac{29}{40}$. The average proportionate measurements in male and female heads are not given.

VAN PELT.—*On the Transverse or Occipito-iliac Positions of the Vertex Presentation.* Am. Med. Jour., April, 1860, p. 367.

The author states that observations induce him to believe that occipito-iliac or transverse presentations occur more frequently than is usually supposed. In 742 cases, they occurred twenty-three times; in thirteen, the occiput to the left side; in ten, to the right.

DR. R. UVEDALE WEST.—*Substitutions of Parts in Labour; Effects of Internal Contractions.* Gaz. Hebd., Feb. 24, 1860.

Four cases are related by Uvedale West of substitution of one presentation for another during labour, which he explains by the aid of the hypothesis recently propounded by Spiegelberg (see 'Year Book,' 1859). The result is, that the presenting part, which is near the sacrum, runs a risk of being replaced by that which is near the pubis, the uterine pains having more effect on the latter than the former, owing to the curve of the parturient canal.

KEHRER.—*On Deliveries in Cranial Presentations with the Occiput Backwards.* 8vo. Giessen, 1859.

JOHN CLAY.—*On a New Sign of Post-partum Detachment of the Placenta.* Dub. Quart., Nov., 1860, p. 372.

If a ligature be placed on the cord on the maternal side of the place where it is to be cut across, the following phenomena are observed. At first the end is flaccid; it then fills, and is tight and larger than before; this condition it retains as long as the placenta is still adherent; when that adhesion has ceased, the cord again becomes flaccid, and this is the sign of detachment now pointed out.

UNUSUAL LOCALITY OF PREGNANCY.

HECKER.—*On Extra-uterine Pregnancy.* Mon. f. Geb., Feb., 1859. Schmidt, June, vol. 106, p. 307.

This is a new series of statistics in reference to extra-uterine pregnancy. The author recognises tubal, interstitial, and abnormal varieties; but does not think that the existence of ovarian pregnancy is sufficiently established. He has collected statistics of 64 cases of *tubal gestation;* 26 cases of *interstitial pregnancy;* and 132 cases of *abdominal pregnancy.*

JONATHAN HUTCHINSON.—*Report on the Treatment of Cases of Extra-uterine Fœtation extending beyond the Full Period of Pregnancy.* Med. Times and Gaz., July 21 and 28, Aug. 4 and 11, 1860, pp. 56, 77, 105, and 132.

Mr. Hutchinson's report applies to that group of cases of extra-uterine fœtation in which the life and growth of the fœtus are prolonged to the full period of gestation, the fœtus then in all cases dying. The object of the report is to establish some general rules as to the diagnosis and treatment of these cases.

A tabular statement is first given of eleven cases in which extra-uterine fœtations were removed by secondary abdominal section, *i. e.* an operation consisting in enlarging the opening already made by ulceration;

and another table of fourteen cases of primary abdominal section, *i. e.* in which no abscess had yet opened. The extra-uterine fœtus, dying at the full period of gestation, may (1) remain in the abdomen without occasioning inconvenience; (2) may induce suppurative ulceration and spontaneous evulsion; or (3) may produce such constitutional irritation as to kill the mother before any process of evulsion has commenced.

In twenty-one of 102 cases, the fœtus remained quiescent in the abdomen to the end of life. In thirteen cases, the mother died without having been relieved of the fœtus, either by natural processes or surgical interference. In sixteen cases, spontaneous ulceration through the abdominal wall and evacuation took place; of these, fourteen recovered, two died. In thirteen cases, the fœtus was removed by surgical operation after fistula had formed; of these, ten recovered, one died, and one was still under treatment. Of sixteen cases in which primary abdominal section was made, no fistula having formed, seven recovered, and nine died. In twenty-three cases there was spontaneous expulsion of the fœtus by ulceration either into the vagina or rectum (bones sometimes removed by surgeon); of these, twenty recovered, and three died.

The author concludes, from an analysis of these cases, that the facts in favour of the secondary abdominal section are conclusive; on the other hand, where the fœtus has been dead some time, and no evidence of suppuration is present, he is of opinion that the facts adduced teach us that the proper course is to wait until spontaneous ulceration has occurred, and there is a probability that adhesions have been set up. Lastly, the facts stated show that it is proper to leave the placenta to be detached spontaneously, unless it be found quite loose.

MATTEI.—*On the Different Modes of Termination of Old Extra-uterine Pregnancies, and their Treatment; Examination of* 100 *recorded Cases, of which one is Original.* Gaz. Hôp., Sept. 13, 18, 1860.

In the case observed by Mattei the pregnancy dated from four years ago, and the autopsy confirmed the diagnosis formerly made. A communication had been formed between the cyst and the intestine. The contents of the cyst were in a very fetid condition.

Dr. STUTTER.—*Case of Extra-uterine Fœtation, in which the Child was Successfully Removed by Abdominal Section.* Med. Times and Gaz., July 21, 1860, p. 55.

In Stutter's case, an operation for the removal of the fœtus was performed about five weeks after its supposed death. After the escape of a large quantity of offensive fluid from the opening made, the fœtus, weighing five and a half pounds and in a decomposing state, was removed. The placenta was removed on the fifth day. The patient recovered.

Dr. RAMSBOTHAM and Mr. ADAMS.—*Case of Extra-uterine Gestation, in which Gastrotomy was Performed Six Months after the Death of a nearly Full-grown Fœtus.* Lancet, July 14th, 1860, p. 32.

In Ramsbotham and Adams' case, the operation of gastrotomy was performed six months after the death of the fœtus, which had arrived at, or nearly, the full period of gestation. The cyst containing the fœtus was adherent to the abdominal wall anteriorly and to the right. The fœtus was removed, the placenta left with the cord hanging from the wound, which was otherwise closed. The patient did well.

Dr. BRAXTON HICKS.—*Remarks on Two Cases of Extra-uterine Fœtation.* Guy's Hosp. Rep., 1860, p. 272.

Two Cases of Extra-uterine Pregnancy. Med. Times and Gaz., Aug. 11th, 1860, p. 135.

FRANCIS WHITWELL.—*Case of Extra-uterine Fœtation.* Brit. Med. Journ., March 24th, 1860, p. 225.

C. G. MARSHALL.—*Case of Extra-uterine Fœtation.* Brit. Med. Journ., Sept. 1, 1860, p. 685.

GOODBRAKE.—*Extra-uterine Pregnancy continuing Three Years and Six Months; Fœtus removed by Gastrotomy.* Bost. Med. and Surg. Journ., 1860. Brit. and For. Quart. Rev., Oct., 1860, p. 552.

The cord, placenta, and as much of the sac as possible, were removed, as well as the fœtus.

Dr. DRAGE.—*Case of Extra-uterine Pregnancy.* Obst. Trans., vol. ii, p. 254.

RUPIN.—*Double Extra-uterine Fœtation.* Gaz. Hôp., Feb. 7th, 1860.

In Rupin's curious case, one fœtus was extracted during life from a cyst projecting into the vagina in front, death following from hæmorrhage. The remains of another fœtus were found in the cyst after death. The fœtus extracted was the size of six, the other of four, months.

Dr. RAMSBOTHAM.—*Extra-uterine Fœtation.* Med. Times and Gaz., July 28th, 1860, p. 92.

Dr. Ramsbotham states, that since 1851 he has met with three instances of this deviation—in all sixteen. In four of the sixteen, death occurred from rupture of cyst and hæmorrhage; in six, death during suppurative process; five recovered; and in one, result not known.

Prof. CREDÉ.—*Case of Extra-uterine Pregnancy.* Mon. f. Geb., 1859, vol. iii, p. 292. Canst., vol. iv, p. 459.

Mr. ADAMS (for Dr. ALLEN).—*Case of Tubarian Pregnancy terminating Fatally between the Fourth and Fifth Months.* Trans. Path. Soc., vol. xi, p. 184.

SYDNEY JONES.—*Case of Extra-uterine Fœtation, in which the Fœtus was retained Fifteen Years in the Abdomen of the Mother.* Trans. Path. Soc., vol. xi, p. 182.

DA SILVA LIMA.—*Case of Extra-uterine Pregnancy.* Gazeta Med. de Lisboa, March 1, 1860. Brit. Med. Journ., May 12th, 1860.

Dr. SANDERS.—*Tubal Pregnancy.* Edinb. Med. Journ., July 1860, p. 76.

SNIJDERS.—*Tubal Pregnancy (?) on the Left Side; Premature Death, and Expulsion of the Putrefied Ovum; Peritonitis and Gangrene.* Nederl. Tijdsch., 1859, April, p. 229. Schmidt, vol. 107, p. 193.

Dr. ROBERT LEE.—*History of an Additional Case of Tubal Gestation.* Med.-Chir. Trans., vol. xliii, p. 1.

The patient died from hæmorrhage into the peritoneal cavity. The blood had escaped from an opening in the left Fallopian tube, which contained an ovum. No trace of decidua could be discovered lining the cavity of the uterus. There was no suspicion of pregnancy, as the catamenia were present.

H. Grace.—*Case of Fallopian Pregnancy.* Obst. Trans., vol. ii, p. 48.

Kraus.—*Case of Tubal Pregnancy.* Allg. Wien. Med. Zt., 28, 1859. Schmidt, vol. 105, p. 197.

Timothy Holmes.—*Account of a Fresh Dissection of a Preparation of Tubal Gestation, described by the late Dr. John Clarke* (with plate). Med.-Chir. Trans., vol. xliii, p. 373.

Mr. Holmes finds that, in addition to the amnion and chorion already described, there is a *third* membrane surrounding the ovum in the tube. This third membrane is separable into two layers, and does not form part of the wall of the tube.

Prof. Virchow.—*Pregnancy in a Rudimentary Cornu.* Mon. f. Geb., March and April, 1860, p. 176.

The woman, æt. 27, died suddenly, with symptoms of rupture.

Willigk.—*On Ovarian Pregnancy.* Prag. Viertel. 63, p. 79. Schmidt, vol. 105, p. 198.

The author discusses the contested question as to the possibility of ovarian pregnancy. Many cases have been described erroneously as cases of ovarian pregnancy, their microscopic examination having been omitted. Thus, three cases described as such in the Museum at Olmütz were found by him to belong to this category. What were supposed to be chorion villi were shown, by microscopic examination, to be nothing of the kind. Some of the most interesting cases on record are then passed in review, the general conclusion drawn from their critical examination being, that they are not perfectly reliable as cases of ovarian pregnancy. Lastly, the author describes a preparation in the Olmütz Museum in which the diagnosis of ovarian pregnancy appears to be supported by all necessary exactness. A fœtal cyst, seven centimètres long, is situated in the left broad ligament, containing a fœtus of about three months. There was a rent in its anterior part. The ovary on this side, five centimètres long, was intimately adherent to the sac, and the stroma of the ovary was clearly traceable from the one to the other.

Rob. Hardey.—*Case of Abnormal Gestation.* Obst. Trans., vol. ii, p. 79.

ABNORMAL CONDITIONS OF THE PELVIS.

Simon Thomas (Leyden).—*The Origin of the Obliquely Distorted Pelvis in Anchylosis of one Sacro-iliac Synchondrosis.* Neder. Tijdsch., 1859, p. 277. Schmidt, vol. 105, p. 60.

The author examines the validity of Naegelé's opinion that the obliquely distorted pelvis originates in a "vitium primæ conformationis."

Having examined the recorded cases, he finds that in by far the greater number there were evident traces of former disease of the bones; or, at all events, it was known that an affection of the pelvic bones had been present.

The imperfect development of the affected half of the sacrum, Thomas urges, is no proof of original defective development, anchylosis in other parts being accompanied by malformations of the affected bones. The very intimate nature of the anchylosis between the sacrum and ilium, not only externally but within, proves that the parts anchylosed were originally separate. Examining, by section and otherwise, specimens of pelves so distorted, he finds that the epiphysis of the sacrum is present, recognised by its more compact structure on section. The anchylosis which has the effect of giving rise to the obliquely distorted pelvis arises, the author believes, from inflammation of the articulation, proved by Luschka to be a true joint.

Dr. Robert Barnes.—*On Asymmetrical Distortion of the Pelvis, the result of Unequal Length of the Legs.* Obst. Trans., vol. ii, p. 314.

In this case there was oblique distortion of the pelvis. A first labour had been terminated by craniotomy, the second by the forceps. The left leg had been fractured at the ankle in childhood, and was an inch shorter than the right. The distortion of the pelvis resulted from the unequal force of the muscles of the leg. With reference to the mode of delivery to be adopted in such a case, the author believes that the best plan would be to turn the child so as to bring the occipital or larger end of the head into relation with the right or more capacious half of the pelvis, instead of attempting to drag it through by forceps with the occiput directed to the contracted side of the pelvis, or of destroying the child.

Schmitz.—*Labour complicated with Osteomalakial Pelvis.*—Scanzoni's Beitr., vol. iv, 1860.

At the end of the fifth pregnancy, the pelvis was found so contracted that the forefinger could hardly be introduced, and the Cæsarean section was contemplated. On the following day, strong pains set in, and the head advanced, separating the soft, pliant bones of the pelvis, and with the help of ergot the child (still-born) was delivered. Recovery followed at the end of twelve days.

Breslau.—*A New Case of Halisteresis Cerea.* Deut. Kl., Sep., 1859. N. Y. Journ. Med., May, 1860, p. 416.

The pubic bones were so approximated, that examination was difficult; but on introducing two fingers, the bones were easily moved asunder, their substance being soft and pliant. The promontory of the sacrum protruded inwards considerably. The decision to induce premature labour was anticipated by nature, and a dead child born without difficulty; the presentation pelvic. The pliability of the bones disappeared under treatment, and two months afterwards the patient was materially better.

Prof. E. Martin.—*On Podalic Version as a Mode of Delivery of the Child in Contracted Pelvis.* Mon. f. Geb., Jan. 1860, p. 16.

The question discussed by Martin is :—The pelvis being contracted, the head presenting, the child alive, but delivery impossible without diminishing the head, what is the proper treatment? The author considers that the treatment advocated by many authorities, viz., turning on the feet, in preference to the use of the forceps or lessening of the head, cannot be accepted in its entirety. In certain cases, turning is a rational proceeding, as in cases of asymmetrically narrowed pelvis, more capacious on one side than the other, and the thickest part of the skull presenting in the narrowest part of the pelvis. It is this which accounts for the curious fact that a woman with deformed pelvis may at one time be delivered easily, and at another time with serious difficulty. In the equally contracted pelvis, in the transversely contracted pelvis, or in cases where the contraction affects the conjugate diameter alone, turning is of no assistance. When urning on the feet is contemplated, a perfect diagnosis of the diameters of the pelvis must be made out; and the position of the child, and the fact of its being still alive or the reverse, carefully ascertained. The operation is contra-indicated when the uterus has been long contracted closely on the child, the waters having some time escaped; and when the head has been long impacted low down in the narrow pelvis.

ABNORMAL CONDITIONS OF THE UTERUS.

Chas. D. Arnott.—*On what is commonly called "Rigidity of the Os Uteri."* Lancet, Dec. 17, 1860, p. 484.

Metcalfe.—*Occlusion of the Os Uteri during Labour.* Louisville Med. Journ., March. Amer. Med.-Chir. Rev., July, 1860, p. 719.

Prof. v. Siebold.—*Closure of the Os Uteri as an Impediment to Delivery.* Mon. f. Geb., 1859, vol. xiv, p. 96.

A case of labour is related, that of a primipara, in whom the os uteri was for a time impervious, and the uterus enclosing the head mistaken for the bladder of membranes. The finger was at last introduced into the os uteri, and the labour soon after concluded.

Abeille.—*Some Reflections on Rigidity of the Os Uteri during Parturition, and the Means of Remedying the same.* Gaz. Hôp., July 10, 1860.

TUMOURS EXTERNAL TO UTERUS, IMPEDING DELIVERY.

Noeggerath.—*Dystocia caused by an Incarcerated Ovarian Tumour.* With Remarks. N. Y. Journ. Med., March, 1860, p. 200.

TOO GREAT RAPIDITY OF LABOUR.

Dr. Poole.—*Rapid Labour.* Lancet, Dec. 22, 1860, p. 616.

Olshausen.—*Cases of Sudden Birth, with Dropping of the Child.* Mon. f. Geb., July 1860, p. 33. Med. Times and Gaz., Sept. 1, 1860, p. 219.

Four cases are related in which birth took place suddenly, and the child fell, the funis being torn through in all the cases. In two cases the cranium was fissured in consequence of the injury received. In one case only was there any considerable hæmorrhage from the funis. In all, the children were smaller than usual.

UNUSUAL CONDITIONS ON THE PART OF THE CHILD.

Plural Births.

Dessauer.—*Statistics of Plural Births.* Mon. Bl. f. Med. Stat., 1859, Jul. Schmidt, vol. 107, p. 49.

Prof. VON SIEBOLD.—*On Twin Births.* Mon. f. Geb., vol. xiv, p. 401. Med. Times and Gaz., May 5, 1860, p. 452.

HAK.—*Statistics of Twin Births.* Aertz. Mitt. a. Baden, 1859, p. 13. Schmidt, vol. 108, p. 50.

DUNAL.—*On Triple Pregnancies.* 8vo., Paris, 1860, pp. 64.

Case of Triplets. Lancet, July 28, 1860, p. 100.

Multiple Births (Quadruplets). Med. Times and Gaz., Feb. 18, 1860, p. 155.

H. G. TIMES.—*Case of Quadruple Births.* Rep. of Obst. Soc. of Lond., Lancet, Oct. 13, p. 360.

UNNATURAL PRESENTATIONS.

KELLER.—*Case of Face Presentation; Mento-sacral Position; Delivery without change of Position.* Am. Med. Jour., April, 1860, p. 366.

The author appears to be surprised that delivery occurred in this case without artificial assistance.

Prof. VON SIEBOLD.—*On Face Presentations.* Mon. f. Geb., xiii, p. 327. Med. Times and Gaz., April 21, 1860, p. 412.

Siebold met with fifteen face presentations in 3050 cases. All were left to nature, and twelve children lived; three were born dead.

HELLY *on Face Presentations.* (See p. 358.)

SPAETH.—*On Frontal Presentations.* Ztscht. f. prak. Heilk., 26, 27, 1859. Schmidt, vol. 105, p. 64.

In 14,424 births, seven frontal presentations were noticed; only one case was that of a primipara; only three children were born alive; in two cases perforation was necessary, one was still-born after tedious labour, and one died soon after delivery; of the mothers, all but one recovered; the face was turned to the front in all the cases.

Dr. LEISHMAN.—*Obstetric Case.* Glasg. Med. Jour., Jan., 1860, p. 471.

EDMOND NUGENT.—*Notes of a Case of Spontaneous Evolution of the Fœtus.* Dub. Hosp. Gaz., March 15, 1860, p. 84.

Dr. HODGES.—*Case of Spontaneous Evolution of the Fœtus in Utero.* Obst. Trans., vol. ii, p. 303.

Dr. WEIR.—*Case of Locked Twins.* Proc. of Ed. Obst. Soc. Ed. Med. Jour., Nov., 1860, p. 478.

LÉON SORBETS.—*Malformation of the Pelvis, Prolapsus of the Umbilical Cord, and Complete Arm-presentation; Death of the Fœtus; Podalic Version.* Gaz. Hôp., Jan. 26, 1860.

DISEASES, MALFORMATIONS, ETC., OF THE CHILD, IMPEDING LABOUR.

DUPARQUE.—*Memoir on the Retention of Urine in the Fœtus, in consequence of the Imperforate Condition of the Excretory Canals.* 8vo., Paris, 1860, pp. 16. (Reprint of a Memoir published in 1842.)

The case of Duparque, recorded in 1842, occurred in 1840, and resembled, in all essential particulars, the others more recently recorded by Depaul.

DEPAUL.—*On Retention of Urine in the Fœtus as a Cause of Obstructed Labour.* Gaz. Hebd., May 18, 25, June 8, 1860.

Depaul contends that the functions of the kidneys become established at an early period of fœtal life, the urine passing into the liquor amnii; and he calls attention to the fact that when, from malformation or any obstacle, the urine is prevented escaping in this manner, the bladder may become so distended as to obstruct delivery. The proper treatment of such cases is puncture of the distended bladder at the seat of the funis. Depaul cites at length a case observed by himself, in which the head and one arm had been detached by a midwife in the attempt to deliver. A large fluctuating tumour, which proved to be the distended bladder, was emptied of five pints of fluid, and the labour then completed. Four other analogous cases are quoted.

DREISSIGACKER.—*Difficult Labour: Twins adherent by the Thoracic and Abdominal Surfaces.* Allg. Wien. Med. Ztg., 39, 1859. Schmidt, vol. 105, p. 66.

SCHOENFELD.—*A Case of Twins.* Mon. f. Geb., Nov., 1859. Schmidt, June, vol. 106, 307.

Dr. MEADOWS.—*Delivery of a Living Child, weighing upwards of Eighteen Pounds.* Med. Times and Gaz., Aug. 4, 1860, p. 105.

The author states that this is the largest child ever born alive. The child presented by the breech, and died suddenly four hours after delivery. Extreme length 32 inches, circumference of head 17¼ inches.

JACQUEMIER.—*On the Volume of the Thorax and Shoulders of the Fœtus, considered as cause of Dystocia in cases of Cephalic Presentation.* Gaz. Hebd., Oct. 5, 12, 26, 1860.

ABNORMAL CONDITIONS OF THE PLACENTA, FŒTAL APPENDAGES, ETC.

Dr. J. HALL DAVIS.—*Double Battledoor Placenta, with a Single Umbilical Cord, connected with one Child.* Obst. Trans., vol. ii, p. 273.

KUENECKE.—*A Case of Placenta Prævia Succenturiata.* Mon. f. Geb., May, 1859.

Dr. JOHN W. OGLE.—*Large Mass within the Cavity of the Uterus, supposed to be a Fibrous Tumour, but which proved to be formed by Retained Placenta and Fœtal Membranes.* Trans. Path. Soc., vol. xi, p. 179.

WEGSCHEIDER.—*Case of Placenta Prævia.* Mon. f. Geb., Jan., 1860. Schmidt, vol. 106, p. 188.

This case is remarkable from the fact that death occurred during labour, without any apparently sufficient cause: child also born dead. The loss of blood had been trifling, and after death no pathological alteration was detected, beyond fatty degeneration of the heart. The author believes that, with this condition of the heart, the trifling loss of blood which occurred was the cause of the fatal collapse. There had been hæmorrhage the previous day. The presentation of the placenta was central; the woman had had eight pregnancies quickly succeeding each other.

Dr. WARDELL.—*Placenta Prævia.* Lancet, Aug. 11, 1860, p. 140.

In Wardell's case, the patient (primipara) had lost much blood. Death took place after version and delivery of a still-born child. The placenta was only separated enough to admit the hand.

Dr. ARMSTRONG.—*On certain Forms of Uterine Hæmorrhage occurring at or near the Full Term of Gestation.* Brit. Med. Jour., Dec. 29th, 1860, p. 1012.

J. B. CARTER.—*Treatment of Retained Placenta.* Lancet, Aug. 25th, 1860, p. 198.

Dr. HALLIDAY.—*Retained Placenta.* Dub. Hosp. Gaz , May 1st, 1860, p. 136.

ULRICH.—*Hæmorrhage some time after Delivery, apparently produced by a Retained Portion of the Placenta; Death in Five Months; Ulceration of the Uterine Tissue, and Perforation at the Placental Site.* Mon. f. Geb., Feb., 1860.

DELHAYE.—*Medico-chirurgical Observations on Morbid Adhesion of the Placenta; severe Accidents (Traumatic Metritis, Puerperal Fever, &c.), which may follow its Sudden and Forcible Extraction.* Jour. de Méd. de Brux., Sep., 1859, p. 215.

Remarks on Abortion. Mon. f. Geb., vol. xiv, 1859, p. 180.

Dr. GRAILY HEWITT.—*Hydatidiform Degeneration of the Ovum.* Obst. Trans., vol. ii, p. 112. With plate.

The specimen resembled one described by the author in vol. i of the 'Obstetrical Transactions,' *i. e.*, it was about the same age; it had, however, remained much longer in the uterus; some of the vesicles were as large as grapes.

Dr. ROUTH.—*Case of Hydatidiform Degeneration of the Ovum.* Obst. Trans., vol. ii, p. 242.

DEVILLIERS.—*Researches on Shortness and Compression of the Umbilical Cord.* Gaz. Hôp., Nov. 3, 1860.

Devilliers finds that when shortness of the cord is present, one fifth of the children die. He gives several signs indicative of the presence of this condition.

OBSTETRICAL ACCIDENTS.

Sudden Death in Labour.

DEPAUL.—*Death occurring Half a Minute after the Penetration of Air into the Uterine Sinuses.* Lancet, July 21st, 1860, p. 64.

Depaul related, at a meeting of the Surgical Society of Paris, a case in which the douche was used for the purpose of inducing premature labour. A gurgling noise, indicating the presence of air, attended the use of the instrument, and the woman suddenly died. Air escaped in cutting into the uterus (for the purpose of extracting the child by the post-mortem Cæsarean section); the uterine tissue was bright red, and the blood frothy.

A. K. GARDNER.—*Sudden Death during Labour.* Amer. Med. Times, June 2d, 1860.

Two cases are related of women in labour. One woman was suddenly seized with coma, difficult respiration, with bloody expectoration, and died in fifteen minutes. The other had much the same symptoms as regards the lungs, but no coma. Both were largely bled. The second recovered. In the first case the author considered that pulmonary apoplexy was present. No autopsy.

J. C. DALTON, Jun.—*Entry of Air into the Veins after Parturition.* Am. Med. Month., June, 1860. Brit. Med. Journ., Sept. 22d, 1860, p. 743.

The author mentions a case in which a gutta-percha catheter was used to rupture the membranes and procure abortion. The patient fell back and died, and air was found in the veins and heart; and it was believed by the surgeon that air had been blown in through the catheter, in order to produce the desired effect.

Concealed Accidental Hæmorrhage.

HENRY JAMES.—*Report of Two Cases of Concealed Accidental Uterine Hæmorrhage.* Lancet, Nov. 3, 1860, p. 428.

Mr. James relates two cases of concealed accidental hæmorrhage, in one of which, however, there was external hæmorrhage. In both ergot and brandy were given, and in both the membranes were ruptured artificially. Result favorable in both cases.

Dr. BRAXTON HICKS.—*On Concealed Accidental Hæmorrhage during the latter Months of Pregnancy and Labour.* Obst. Trans., vol. ii, p. 53.

Dr. Braxton Hicks analyses twenty-three cases in which concealed accidental hæmorrhage (a rare and, as yet, hardly recognised obstetrical accident) occurred near the end of pregnancy. The symptoms of this often fatal accident were very similar in each. If there be syncope, if the uterus be tense and enlarging, the outline of the fœtus indistinct, the liquor amnii having escaped, the occurrence of this form of hæmorrhage is to be suspected. If there be sufficient power, the modern treatment for accidental hæmorrhage is applicable; in other cases, support, pressure, and excitation of the uterus are the means recommended.

Dr. LOWES.—*Detachment of the Placenta.* Med. Times and Gaz., June 16, 1860, p. 609.

A case of concealed accidental hæmorrhage.

Post-Partum Hæmorrhage.

J. GAILLARD THOMAS.—*Lectures on Post-Partum Hæmorrhage; its Prevention.* N. Y. Journ. Med., Jan. and March, 1860, pp. 80 and 211.

The causes of post-partum hæmorrhage are,—1, inertia uteri; 2, uterine exhaustion; 3, sudden evacuation of its contents; 4, adherent placenta; 5, distension of uterus by blood; 6, mental emotion; 7, an excited state of the circulation. The rules to be followed with a view to its prevention are—1, to allow the body of the child to be expelled by the natural efforts; 2, to firmly compress the uterus and follow the child down in its birth; to hold the uterus constantly in the hand until the bandage is applied; 4, never to apply the bandage until the placenta is delivered; 5, to remove the placenta, if detached within twenty minutes; 6, to avoid stimulants during delivery; 7, never to leave the chamber for an hour after delivery; 8, to apply the child to the breast before leaving the house; 9, to enjoin perfect quiet and exclusion of visitors; 10, if hæmorrhage is anticipated, to give ergot as the head is passing the perinæum.

Dr. W. NEWMAN.—*The Management of the Placenta.* Brit. Med. Journ., May 12, 1860, p. 356.

Immediately after the expulsion of the child, pressure is made on the uterus by means of the hand, and the pressure maintained until the uterus is reduced in bulk, and the coagula, together with the placenta, are expelled. The due contraction of the uterus is thus ensured, together with the expulsion of coagula; and post-partum hæmorrhage and hour-glass contraction are prevented.

Post-Partum Hæmorrhage.—Dr. WARDELL; Lancet, July 21, 1860, p. 71. RICH. MARLEY; Lancet, July 28, 1860, p. 96. J. HIGGINBOTTOM; Lancet, Aug. 4, 1860, p. 122. C. ROTHWELL, Dr. SMALLMAN; Lancet, Aug. 18, 1860, p. 173. R. H. BOWNESS, HENRY JAMES, GEO. DUPLEX, G. H. R.; Lancet, Aug. 11, 1860, p. 148. Dr. C. TAYLOR, H. B. CURTIS; Lancet, Sept. 1, 1860, p. 222. THOS. CHAVASSE, R. W. LAMMIMAN; Lancet, Aug. 25, 1860, p. 196.

J. K. SPENDER.—*Injection of Iced Water into the Cavity of the Uterus in Post-Partum Hæmorrhage.* Lancet, July 14, 1869, p. 47.

CHARRIERS.—*After-treatment in Puerperal Hæmorrhages; Utility of Wine Clysters and Opium.* Bull. de Thér., Aug. 1859, 154. Schmidt, vol. 105, p. 316.

Prof. E. MARTIN.—*On the Transfusion of Blood in cases of Post-Partum Hæmorrhage.* Berlin, Hirschwald, 8vo, pp. 91. Schmidt, vol. 106, p. 354.

The author relates a case, observed by himself, in which the transfusion was successful. He gives a tabular account of fifty-seven cases of transfusion in recently delivered women, of whom forty-five recovered. In the other twelve cases, the death occurred from diseases in no way connected with the operation. The author does not follow the plan suggested by Müller, of depriving the blood of its fibrin by means of whipping.

Indications for the operation are extreme anæmia, whiteness of the skin, cold extremities, small, hardly to be detected pulse, faintness, unrestrainable vomiting; when these are present, the time for the operation has arrived. The apparatus to be used is as simple as possible. A small curved canula and trochar to open the veins, and through which to inject the blood, and a small 2-oz. glass syringe, are the instruments required. The canula has a funnel-shaped mouth, covered with caoutchouc, to receive the blood. The injection must be effected slowly. The blood to be used, is that of a healthy man or of a healthy non-excitable woman.

Rupture and Laceration of the Uterus.

PAULLI.—*Cases of Rupture of the Uterus.* Bibl. for Læger, vol. xiii, 215. Schmidt, vol. 117, p. 191.

Dr. ORMEROD.—*An Account of a Case of Rupture of the Uterus during Labour, in connexion with Follicular Disease of the Cervix Uteri and Consecutive Fibrous Degeneration of the Muscular Tissue.* Lancet, Sept. 29, 1860, p. 306.

Dr. ALDRIDGE.—*Case of Rupture of the Uterus.* Lancet, June 9, 1860, p. 569.

TOMSON.—*Rupture of the Uterus at the Fourth Month of Pregnancy.* Brit. Med. Journ., Dec. 29, 1860, 1019.

Dr. HERBERT BARKER.—*Annular Laceration of the Cervix Uteri.* Obst. Trans., vol. ii, p. 329.

In a case related, an almost complete ring of uterine substance separated from the body of the uterus; the child passing out, not through the os, but through the laceration of the cervix of the uterus. Labour had lasted three days when the author was called in. Delivery was effected by craniotomy.

HORACE NELSON.—*Lingering Labour; Cystocele and Puncture of the Bladder; Delivery by Craniotomy; Cure of the Vesical Fistula through Remedial Measures alone.* Brit. Amer. Jour., Sept., 1860, p. 385, and Oct., p. 433.

Laceration of the Perinæum.

Dr. LEISHMAN.—*Laceration of the Perinæum in Labour.* Glasg. Med. Journ., Jan., 1860, p. 410.

The author premises his observations by an account of the practice of various obstetric authorities as regards the treatment of the perinæum during labour. The *causes* of perinæal laceration are—1, Deformities of the pelvis, causing the head to descend too low before the extension movement under the pubic arch begins; 2, fœtal deformity, or mal-presentation; 3, rigidity of the perinæum and ostium vaginæ; 4, too great rapidity of labour; 5, injudicious or unskilful use of instruments; 6, occlusion of the vaginal orifice by hymen; 7, fatty deposition in, or degeneration of, the perinæum; 8, the mechanical support of the perinæum. Pressure from the outside prevents, it is contended, the lateral portions of the perinæum from bearing their own share of the tension; it also subjects a part already on the stretch to an injurious amount of pressure. Again, the pressure of the hand throws the muscles of the perinæum into contraction. Statistics show that lacerations occur more frequently when artificial support is most practised, as on the Continent. He recommends, in cases where it is desirable to retard the progress of the head, that during the last pains the woman should be made to hold the mouth open, when the expulsive strain cannot long be continued; that lubrication be employed in cases of rigidity of the perinæum, and that pressure be made by the fingers against the head itself. Firm pressure against the sacrum is also recommended. Metallic sutures are to be employed, should the perinæum be torn.

On Supporting the Perinæum.—SAMUEL SMITH; Brit. Med. Journ., Feb. 25, 1860, p. 157. Dr. R. UVEDALE WEST; Brit. Med. Journ., Feb. 25, 1860, p. 157, March 24, p. 233. G. E. NICHOLAS; Brit. Med. Journ., March 10, 1860, p. 196. H. TOWLE, Brit. Med. Journ., March 10, 1860, p. 196. Dr. J. G. SWAYNE, Brit. Med. Journ., March 10, 1860, p. 196. Dr. SNOW BECK, Brit. Med. Journ., March 10, 1860, p. 196. THOS. H. JACKSON; Brit. Med. Journ., March 24, 1860, p. 233. J. M. G.; Brit. Med. Journ., March 17, 1860, p. 215.

I. BAKER BROWN.—*Case of Ruptured Perinæum, and Birth of the Child between the Os Vaginæ and Anus.* Obst. Trans., vol. ii, p. 197.

Baker Brown relates a case in which, the birth of the child being delayed by non-dilatation of the ostium vaginæ, the perinæum gave way, and the child passed completely through the artificial opening.

Miscellaneous.

Prof. FAYE.—*Contributions to Obstetric Pathology.* Norsk Mag., 1859, p. 655. Schmidt, vol. 106, p. 192.

LEOPOLD and CREDÉ.—*Prolapsus of the Membranes of the Ovum filled with Amnionic Fluid.* Mon. f. Geb., 1859, vol. xiii, pp. 139 and 141.

Death from Bursting of Varices of the Vagina during Labour. Berlin Zeitung, 23, 1859. Med. Times and Gaz., March 24, 1860, p. 299.

HENRY JOHNSTON.—*Singular Case of Inversion of the Urinary Bladder during Pregnancy.* Dub. Hosp. Gaz., April 10, 1860, p. 120.

The patient, æt. 20, pregnant about four months, suffered from severe tenesmus, vomiting, and pain. A tumour, soft, the size of a pear, projected downwards, and was at first taken to be the bag of membranes. Finally, it was made out to be the bladder inverted through the meatus urinarius. It was reduced, and the case did well.

OBSTETRICAL OPERATIONS.

Induction of Premature Labour.

COHEN.—*Cases of Artificial Premature Labour.* Mon. f. Geb., Sept., 1859. Schmidt, vol. 106, p. 189.

The following questions are raised in connexion with the reporting of these cases by Cohen:—1, Whether it is preferable to induce premature labour by means of the introduction of the sound, or by intra-uterine injection; 2, whether, in placenta prævia centralis, there is likely to be less hæmorrhage after the production of premature labour, and in a predetermined manner, at the seventh month, than when it is performed in consequence of a momentary necessity; 3, what method is preferable when the use of cutting instruments has been necessary to effect a previous delivery, and there remain considerable cicatrices of the cervix and vagina.

In one case related, the use of the sound produced no result, whereas the intra-uterine injection was effectual in inducing labour after a short interval. In answer to the second question, a case is related in which the hæmorrhage in connection with early production of artificial labour in placenta prævia centralis was very trifling; and the deduction is, that in all cases when hæmorrhage from placenta prævia threatens to prove serious, premature labour should be induced artificially.

Other conclusions drawn by the author are; that when the portio vaginalis is very high, the tube to be used for the injection must be eight or nine inches long; and that, where cicatrices are present, the tampon is to be used to induce labour, in preference to other methods. The vagina is to be first dilated, and the dilatation carried gradually upwards.

PERRIN.—*Case of Induction of Premature Labour.* L'Union, 1859, No. 146.

RIQUARD.—*Artificial Premature Labour, without Injury to Mother or Child; Oblique-oval Pelvis, with considerable Contraction.* Journ. de Bord., May, 1859. Schmidt, vol. 105, p. 63.

SCHAGERSTRÖM.—*Induction of Premature Labour by the Vaginal Douche.* Hygiea, 20, p. 779. Schmidt, vol. 105, p. 63.

JANZER.—*Artificial Premature Labour.* Aertz. Mit. a. Baden, 6, 1859. Schmidt, vol. 105, p. 64.

Dr. THORN.—*Induction of Premature Labour.* Lancet, Aug. 11th, 1860, p. 134.

KIRSTEN.—*Induction of Premature Labour by means of Catheterization, in a case of Acute Œdema of the Lungs.* Mon. f. Geb., 1859, Ap. Schmidt, vol. 107, p. 189.

TARSITANI.—*Artificial Premature Labour; Result Successful for Mother and Child.* Naples, 1859, 8vo. pp. 16.

MANOURY.—*Artificial Premature Labour.* Gaz. Méd., 1859, p. 45. Canst., vol. iv, p. 469.

REYMANN.—*Artificial Premature Labour.* Preuss. Ver. Ztg., 14 and 21, 1859. Canst., vol. iv, p. 469.

Incision of Os Uteri.

DEPAUL.—*Complete Obliteration of the Cervix Uteri in Pregnancy, and of the Operation necessary under such Circumstances.* 8vo., Paris, 1860, pp. 47.

Dr. ROBERT L. MACDONNELL.—*Contributions to Clinical Surgery and Medicine. Two Cases of "Closure of the Womb" Successfully Treated.* Brit. Am. Journ., Jan., 1860, p. 1.

Turning.

Dr. ROBERT BARNES.—*A Clinical Examination of the Value of the Operation of Turning in Labour Obstructed through Coarctation of the Pelvic Brim.* Lancet, 1860, vol. i, pp. 291, 341, 390, 541, and vol. ii, p. 104.

Dr. Barnes's inquiry is intended to determine, by the results of practical experience, the question as to the value of turning in cases of pelvic coarctation, where the forceps are inadmissible, and craniotomy is the only other alternative. The argument to be encountered is this: the application of turning being limited to those cases in which the pelvis measures less than 3.25″, are we justified, for the sake of the very slender hope of saving the child under such circumstances, in subjecting the mother to the dangers of the operation? In the *first* case related, a third pregnancy was terminated favorably to mother and child by premature labour and turning combined, craniotomy having been performed in both the previous labours. The pelvis was so narrow that the child could not have been delivered in any other way with a like result. In a *second* case, the conjugate diameter was 3.50″, the labour protracted, and craniotomy performed. In the following pregnancy, advice as to premature labour being disregarded, the same difficulty occurred. Turning was performed with success, the author admitting that the forceps might have been successful, but preferring turning, for reasons stated. In a *third* case recorded, the conjugate diameter was 3″, the presentation footling; and, after some difficulty, the extraction was effected, the child being dead. Case 4 was a second labour; the labour had lasted twenty hours; the conjugate diameter 3·25″, brim kidney-shaped, no fœtal pulsation on auscultation, meconium escaping. Turning was performed, and the child, which at first did not breathe, finally recovered. The long forceps could only have been applied in such a direction as to increase the bi-parietal diameter, and increase the disproportion and difficulty.

Dr. Braxton Hicks.—*On a New Method of Version in Abnormal Labour.* Lancet, July 14th and 21st, 1860, pp. 28, 55.

Dr. Braxton Hicks calls attention to a new method of turning in abnormal labour. It is a combination of "external turning,"—a method lately discussed and enlarged upon by Esterle and Martin, and *internal* manipulation. The internal manipulation is confined to the introduction of one finger through the cervix uteri. Then, in the first cephalic position, one finger of the left hand is made to touch the head, and pressure upwards and to the left exerted, while at the same time, by the right hand placed over the fundus uteri, the other extremity of the child is moved downwards and to the right side. The position is thus changed into a transverse one, the knees downwards. The remainder of the operation is then readily completed by hooking the finger round the knee. The advantages of this plan over the old method are avoidance of uterine irritation, of entry of air into the cavity, of liability to rupture of uterus, of much of the distress and pain felt in ordinary plan, of necessity for removing the coat, &c., and of fatigue and pain to the operator. The membranes, too, need never be ruptured.

Six cases are related in which the method of turning above described was adopted, and the manipulations were perfectly successful.

Leopold.—*A Plan for Facilitating Turning.* Mon. f. Geb., vol. xiv, p. 60. Med. Times and Gaz., April 21st, 1860, p. 402.

Dr. Figg.—*On Turning in all Cases of Labour.* Med. Times and Gaz. 1860, Sept. 8th, 15th, and Oct. 13th and 20th, pp. 233, 256, 353, 375.

Dr. Figg starts with the proposition that, in *abnormal* cases, version possesses advantages over other methods of delivery. He then proceeds to advocate *general* delivery by turning, and hopes to prove its rationality in its salutary results.

His argument is as follows:—The process of labour, as it occurs in civilised communities, cannot be said to be natural, as is shown by a comparison of the easy and safe labours in uncivilised communities with the often difficult and dangerous labours of civilised life. If it be granted "that the artificial existence evident around us, superseding the conditions of nature generally, has assumed a special and direct influence over the parturient organs of the human female, modifying their structure, we must also confess the necessity of artificial measures adapted to the artificial state."

Formerly, the author states, he was in the habit of employing chloroform during version, believing it essential. Of late the chloroform was more frequently omitted. Of fifty-eight recent cases, the operation was attempted without chloroform in forty-two. His practice and its results are detailed in the following words:—"My hand has entered the uterus in every instance. In a few cases I deemed it advisable not to make the effort to turn; in three I failed, though I made the effort. The mothers all recovered; one child died before I completed the delivery. I broke the arm of one, and slightly contused the arms of three." His practice is to defer the operation until the pains occur at intervals of eight minutes, and the os dilates to the diameter of a florin. Certain precautionary measures having been taken, and chloroform administered (the latter only when the patient interposes no objection), the right hand is introduced into the vagina, and then into the uterus between the posterior lip of the os and the membranes, the palmar surface of the hand at this time looking forwards. The head is now tilted upwards and forwards, and the feet sought for through the membranes. When the feet are both found, they are seized, and simultaneously the membranes ruptured. The feet and nates are forthwith extracted, the alteration of the presentation and the extraction of the lower extremities and nates being simultaneous. When the dorsum of the child is turned backwards, rotation is to be performed, if the patient be under chloroform. With regard to the latest period at which recourse can be had to version, it may be performed as long as the os uteri can be felt in its whole circumference by examination with the index finger.

With reference to the actual number of cases treated by the author on his system, he states that he has a memorandum of 317 cases, extending over a period of twelve years, and that during the past year he has only lost one infant.

Dr. Dill.—*On Turning in Labour when the Pelvis is Contracted.* Dub. Hosp. Gaz., Feb. 1st, 1860, p. 46.

Fordyce Barker.—*Mal-position of the Fœtus Detected by External Manipulation during Labour. Cephalic Version by the same means successful.* Amer. Med. Times, June 2d, 1860.

Robert Jones.—*Turning as a Substitute for the Forceps, in cases of Narrow Pelvis.* Brit. Med. Journ., Jan. 14th, 1860, p. 30.

Cæsarean Section.

Prof. E. Martin.—*On the Cæsarean Section.* Mon. f. Geb., Jan. 1860, p. 8. Schmidt, vol. 106, p. 306.

The statistics of the Cæsarean section do not faithfully represent the mortality due simply to the operation itself. But for this, the statistics would, Martin believes, appear more favorable.

As regards the management of the operation, the woman must be kept in good spirits; the operation must be performed when the uterine contractions are strong, in order to ensure effective contraction afterwards. The precise seat of the incision is less important than the securing the adaptation of the external to the internal wound. The incision must be sufficient, not less than 5 inches long. It is irrational to give opium in all cases after the operation. Bleeding is often useful; the external use of ice is not always advantageous, internally it is very useful when there is vomiting; clysters for the bowels, and the catheter for the bladder, are necessary. In the case of a second operation, the incision must be made close to the first.

Dr. Ashton.—*On a Case of Cæsarean Operation.* Lancet, May 5th, 1860, p. 440.

In Ashton's case of Cæsarean section, the patient had had great lameness and deformity of the left hip for six years. Her last labour, three years ago, was natural, and no evident increase in the deformity had occurred since. When labour supervened, the ischia were found so approximated that the fingers only could be passed into the vagina; there was hæmorrhage, which was arrested by rupturing the membranes. The presentation was of a hard part, but could not be accurately determined. The contraction of the brim was such, that on the left side only about an inch of space was left; on the right there was more, but here the presenting part could not be reached. The child, a male, of average size, was extracted alive, and lived for seven days; the mother died in twenty-five hours. The pelvis was affected with malacosteon, the bones were soft and pliable (when dried) to a remarkable degree. The sacral promontory projected downwards so much, that from the top of the sacrum to the tip of the coccyx was only 2½″.

Bull.—*Cæsarean Section at the Hospital at Bergen.* Norsk. Mag., 1859, p. 712. Schmidt, vol. cvi, p. 307.

E. Wagner.—*Perforation of the Fallopian Tube in a Pregnant Woman; Cæsarean Section after Death.* Mon. f. Geb., 1859, Dec. Schmidt, vol. cvii, p. 189.

Meissner.—*Two Cases of Cæsarean Section.* Mon. f. Geb., 1854, Oct. Schmidt, vol. cvii, p. 190.

Dr. Fordyce Barker.—*Cinical Lecture on the Cæsarean Operation.* Am. Med. Times, Nov. 24th, 1860.

Bonnet.—*Seven Months' Pregnancy; Apoplexy; Death of Mother; Cæsarean Operation after Death of Mother.* L'Un. Méd. de la Gironde, Sept. Gaz. Hebd., Nov. 23, 1860.

Bourgeois.—*On the Cæsarean Section.* Ann. de la Soc. de Méd. d'Anvers, 49, 60, 1859. Canst., vol. iv, p. 474.

G. Simon.—*Cæsarean Section, with Fatal Result.* Mon. f. Geb., vols. xiii, xiv, 1859.

Laborie.—*Report on Andrieux's Case of Cæsarean Section.* 8vo, Paris, 1859, pp. 12.

Rizzoli and Verardini.—*On Extraction of the Child after the Death of the Mother.* Gaz. Med. Ital., 28, 1859. Canst., vol. iv, p. 474.

Boucher.—*On the Cæsarean Operation after Death.* Gaz. Hôp., Dec. 20, 1860.

Diminishing the Size of the Child.

Prof. Simpson.—*On Cranioclasm. Modes of Delivery in Obstructed Labour.* Med. Times and Gaz., April 14th, May 19th, June 9th, 1860, pp. 359, 491, 567.

In this lecture Simpson discusses the relative advantages of the modes of delivery in obstructed labour. He believes it to be a fond Utopian dream, to suppose that craniotomy in every form can be for ever deleted from the list of obstetrical operations, at the same time admitting that Tyler Smith, in contending for the abolition of craniotomy, has done a great service to humanity, in pointing out its dangers, and in reminding us by what other means we may effect a safe delivery instead. The conditions justifying operative diminution of the head are:—1. When the child is dead. 2. When the long forceps have been tried, and have failed. 3. When turning is impossible. 4. When there has been no opportunity of inducing premature labour. The operations of craniotomy, cephalotripsy, and cranioclasm, are then described and compared. In the latter operation two instruments are necessary—a perforator, to open the head, and the cranioclast, a thick forceps with handles like the bone forceps, and blades thick, firm, blunt, and strong, and by means of which the base of the fœtal skull is broken up, and its passage through the contracted pelvis facilitated. One blade is introduced within, the other without, the skull; the two are then locked, and the bone is then easily broken across. The instrument may be reapplied once or more, until the necessary degree of mobility of the base of the skull is produced.

HENNIG.—*On Perforation and Cephalotripsy.* Mon. f. Geb., Jan., 1859. Schmidt, vol. cv, p. 196.

SPONDLI (Zurich).—*On Perforation and Cephalotripsy.* Mon. f. Geb., May, 1860, p. 321.

DIDOT.—*Critical Examination of the Clinical Results of the "Forceps-Scie."* Gaz. Hebd., March 16th, 23d, and April 27th, 1860.

Didot states that the embryotomy instrument of Van Huevel, of Brussels, named the "forceps-scie," has been employed in fifty-one cases, the mother recovering in forty. The principle on which the instrument is constructed is, Didot states, admirable; he himself has introduced some modifications, and, as he believes, much improved the instrument. The limit of pelvic contraction within which, as Van Huevel stated, embryotomy was possible by the aid of his instrument, is six centimètres. Didot's instrument can be used when the space is less than this. Many of the objections existing in Van Huevel's forceps-scie are removed, and the price of the instrument is considerably lowered.

T. GAILLARD THOMAS.—*New Instrument for Performing Craniotomy.* Amer. Med. Times, Dec. 22d, 1860.

The instrument is a steel tube, ten inches, with the handle, thirteen inches, long, ending in a screw, and hiding within it a cutting blade, which is thrown out by the hand of the operator. The inventor states that it possesses many advantages over the perforating scissors generally in use.

TOMMASI.—*On Craniotomy, &c.* Lo Sper. Firenz., iv, 97. Canst., vol. iv, p. 476.

Prof. SCANZONI.—*On Decapitation and Decapitation Instruments.* Würz. Med. Ztschr., i, p. 105. Schmidt, vol. 108, p. 47.

In order to facilitate the performance of decapitation, which Scanzoni prefers to embryulcia, he recommends a new form of instrument.

Enlargement of Maternal Passages.

FOUCAULT.—*Case of Symphysiotomy.* Arch. Gén., Nov., 1860.

The patient was rachitic, a primipara; labour had set in, and the presentation was pelvic. The pelvis was considerably constricted. The lower extremities and body of the child were extracted, but the head could not be made to follow. The symphysis was cut through, and the child extracted stillborn. Recovery of mother.

Forceps.

HELLY.—*On the Use of the Forceps in Facial Presentations.* Prag. Viert., 1859, vol. lxiii, p. 63. Schmidt, vol. 105, p. 194.

The greater duration of the labour, in cases of face presentations, depends on the defective relations of the diameters of the head and pelvis. Whereas, after ordinary deliveries, the fronto-occipital measurement of the head is less than the occipito-mental by about 1″, after delivery in face presentations, the fronto-occipital diameter was ¼″ longer than the other in two cases; equal to it in twelve; about ¼″ shorter in thirteen cases; about ½″ shorter in three; and about 1″ shorter than the occipito-mental in two cases. Total, thirty-two. The author contends that when the head is situated high in face presentations, the use of the forceps is objectionable, the shape of the instrument is not adapted to the surfaces with which it is necessarily brought into contact, and fatal results to the mother are liable to occur. This objection diminishes as the head is lower in the pelvis. There was no instance of face presentation in the third and fourth positions out of 12,000 cases.

REYMANN.—*Forceps Operation Fatal to the Child.* Preuss. Ver. Ztg., 17, 1859. Canst., vol. iv, p. 471.

Prof. E. MARTIN.—*On Forceps Operations.* Mon. f. Geb., Aug., 1859, p. 81. Schmidt, vol. 105, p. 194.

Martin states that, in the use of the forceps, traction is the principal thing; pressure is to be regarded as subordinate. The advantages derived from rotation of the head by means of the forceps are dubious.

GUENTHER.—*On Rectification of the Position of the Head before Applying the Forceps.* Varges' Ztsch., xiv, p. 2. Schmidt, vol. 108, p. 46.

DOIG.—*The Forceps and Perforator Compared.* Med. Times and Gaz., July 28th, p. 74.

LIZÉ.—*The Choice to be made between the Forceps alone and the Simultaneous Use of the Forceps and Ergot, when the Head of the Fœtus is Arrested at the Inferior Strait by the Resistance of the Perinæum in Primiparæ.* Gaz. Hôp., March 6th, 8th, 1860.

BRIQUELOT.—*Dystocia; Application of the Forceps; Death of Mother and Child; Consecutive Cæsarean Operation.* Gaz. Hôp., June 19, 1860.

Vectis.

BODDAERT; BEYDLER.—*On the Vectis.* Ann. de la Soc. de Méd. de Gand, Jan., Sept., and Oct., 1859. Canst., vol. iv, p. 473.

Boddaert gives the preference to the vectis over the forceps in high positions of the head. Beydler uses the vectis almost exclusively.

Extraction of Placenta.

LIZÉ.—*On the Available Means of Aiding the often very difficult Extraction of the Placenta in Abortion at the Third and Fourth Months.* Gaz. Hôp., Oct. 4th and 11th, 1860.

In order to hasten the detachment of the placenta in such cases, the author recommends the dilatation of the cervix with the finger, and the use of ergot; but the finger is to be introduced prior to the use of the ergot.

Aids in Labour.

ROBT. HARDEY.—*On Special Position and the Obstetric Binder as Aids in the Treatment of Impeded Parturition.* Obst. Trans., vol. ii, p. 79.

Hardey insists on the great efficacy, in cases of impeded or tardy parturition, of the sedentary position, combined with the use of the obstetric binder. The patient is placed sitting on and between two chairs, and is only removed to the bed when the head is on the perinæum. Before adopting this position the head should be engaged in the pelvis, and the os half dilated. The practice advocated had been followed by the author for many years and with entire success.

BRANDEIS.—*Posture in Presentation of the Funis.* Bost. Journ., 62, 379. Med. Times and Gaz., Sept. 1st, 1860, p. 220.

Three cases are related to show the advantage of elevating the pelvis by placing the patient on her knees and elbows while reposition of the funis is performed; the patient to be kept in this position until strong pains come on.

DORNSEIF.—*On the Value of the Knee-and-Elbow Position in the Practice of Midwifery.* Inaug. Diss. Giessen, 1860, pp. 71. Schmidt, vol. 106, p. 305.

Anæsthesia in Midwifery.

Prof. FAYE (Christiania).—*Death rapidly following after a nearly Normal Labour, and Employment of Chloroform.* Norsk. Mag. for Læger. Edinb. Med. Jour., Nov., 1860, p. 474.

JEAUCOURT.—*On the Employment of Chloroform in Midwifery.* Gaz. Hôp., Oct. 30th, 1860.

Dr. KIDD.—*On the Value of Anæsthetic Aid in Midwifery.* Obst. Trans., vol. ii, p. 340.

Chloroform is peculiarly useful in tedious labours, where the patient requires an interval of rest to renew reflex action and remove the effect of exhaustion. In cases of version, especially where the waters have come away and there is great sensibility of the parts, in forceps cases, and in operative midwifery, the benefits of anæsthesia by chloroform are pointed out. In puerperal convulsions of apoplectic character, or connected with albuminuria, its use is secondary. In the hysteric form of convulsion it is contra-indicated. In exhaustion, resulting from hæmorrhage or diarrhœa, also, chloroform is of less service, but it is invaluable in exhaustive debility or shock from great or long-continued pain.

PETTIGREW.—*Chloroform and Instrumental Labour.* Lancet, Jan. 7th, 1860, p. 13.

Dr. SKINNER.—*Is Chloroform safe in Midwifery?* Med. Times and Gaz., May 19th, 1860, p. 506.

Special Remedial Agents—Ergot, Uva Ursi.

DANYAU.—*Report to the Academy of Medicine on—*1. *A Paper by Deville, 'Statistical Researches on the Action of Ergot of Rye in Parturition;' and* 2. *A Paper by Chrestien (Montpellier) 'On Ergot of Rye in Labour.'* Bull. de l'Acad. de Méd., May 24th, 1859.

DUBREUILH.—*On Inertia of the Uterus and Ergot of Rye.* Gaz. Méd. de la Gironde, 9, 1859.

GAUCHET.—*Advantages of Uva Ursi in Tedious Labour.* Bull. de Thér., June, 1859, 523. Schmidt, vol. 105, p. 319.

The author cites a case in which infusion of uva ursi (sixteen grammes to one litre) had an immediate effect in exciting uterine action, and another in which the drug was given a week after labour for two days continuously, the size of the uterus diminishing.

STATISTICS.

HOFMANN.—*Statistical Report of the Obstetric Polyclinic of the Ludwig-Maximilian University of Munich for the Years* 1849-59. Prag. Viertel., 1860, 3, p. 73.

MARDUROWICZ.—*General Results in the Obstetric Clinic of Professor Braun, in Vienna, in the Year* 1858. Wien. Aerzt. Zt., 33, 34, 1859.

SCHMITT.—*Statistical Report on the Lying-in Hospital in Munich from Oct. 1st,* 1858, *to Sept. 30th,* 1859. Aerzt. Intel. Baiersch., No. 45. Mon. f. Geb., May, 1860.

Prof. CREDÉ.—*Report of the Lying-in Hospital at Leipzig, from its Foundation, Feb. 15th,* 1810, *to Sept. 30th,* 1859. Mon. f. Geb., March and April, 1860, p. 191.

Report of the Vienna Lying-in Hospital for the Year 1857. Vienna, 1859. Mon. f. Geb., Feb., 1860, p. 167.

Prof. HOHL.—*Report of the Royal Lying-in Hospital at Halle, and of the Policlinic for Midwifery and Diseases of Women and Children in connexion therewith, for the Year* 1856. Mon. f. Geb., Feb., 1860, p. 123.

GRENSER.—*Forty-fourth Report of the Lying-in Hospital, Dresden, for the Year* 1858. Mon. f. Geb., Jan., 1860.

Dr. R. CROSS.—*Obstetric Statistics.* Lancet, Sept. 15th, 1860, p. 274.

Dr. GRANVILLE.—*On certain Phenomena, Facts, and Calculations, incidental to or connected with the Power and Act of Propagation in Females of the Industrial Classes in the Metropolis; derived from an Experience extending to upwards of* 12,000 *Cases carefully observed.* Obst. Trans., vol. ii, p. 139.

Dr. ARCHIBALD HALL.—*Statistics of the University Lying-in Hospital, Montreal.* Brit. Am. Journ., Feb., May, 1860.

Dr. PAGAN.—*Statistics of the Glasgow University Lying-in Hospital, from Nov. 1st, 1852, till Jan. 1st, 1860, with Remarks.* Glasg. Med. Journ., July, 1860, p. 98.

The Twenty-fifth Annual Report of the Glasgow Lying-in Hospital. Glasg. Med. Journ., April, 1860, p. 117.

T. T. SMART.—*Obstetric Statistics.* Lancet, Oct. 13th, 1860, p. 371.

Dr. ROBERT LEE.—*Clinical Midwifery.* Med. Times and Gaz., 1860, vol. i, pp. 139, 417, 595; vol. ii, pp. 332, 402.

FUERNTRATT.—*Operative Midwifery at the Lying-in Hospital at Gratz; its Indications, Methods, and Results.* 8vo, Vienna, 1860. Brit. and For. Quart. Rev., Jan., 1861.

PART II.—DISEASES OF WOMEN.

ANATOMY AND PHYSIOLOGY OF FEMALE GENERATIVE ORGANS.

GENERAL TREATISES, ETC.

Prof. KUSSMAUL.—*On the Absence, Malformation, and Doubling of the Uterus; on Superfœtation and the Migration of Ova.* 8vo, 1859, Wurzburg, p. 384, with 58 woodcuts.

The most important, complete, and extensive work of the kind which has ever appeared on the subject of the malformations of the uterus.

Prof. SCANZONI.—*On the Continuance of Ovulation during Pregnancy.* Scanzoni's Beitr. z. Geb., iv, p. 311. Schmidt, vol. 106, p. 304.

While admitting that he was formerly in error in taking for fresh-burst Graafian follicles what were really only blood-extravasations or purulent infiltrations in the tissue of the ovary, Scanzoni still contends that, although the proof of the continuance of ovulation during pregnancy, viz., the presence of newly burst Graafian vesicles in pregnant women, cannot be adduced, yet there are weighty grounds for the conclusion that a periodic ripening of the ova persists, although this may not be accompanied by actual bursting of the follicle.

Prof. ROKITANSKY.—*On Accessory Tubarostiæ, and on Appendages of the Fallopian Tubes.* Allg. Wien. Med. Ztg., 1859, 32. Schmidt, vol. 107, p. 186.

OTTO SPIEGELBERG.—*On the Development of the Ovarian Follicles and the Ova in Mammalia.* Gött. Nach., July. Schmidt, vol. 108, p. 326.

Prof. ROKITANSKY.—*On Abnormal Conditions of the Corpus Luteum.* Allg. Wien. Med. Ztg., 1859, 34, 35. Schmidt, vol. 107, p. 187.

NONAT.—*Practical Treatise on the Diseases of the Uterus.* 8vo, Paris, 1860.

BERNUTZ and GOUPIL.—*Medical Clinique on the Diseases of Women.* 8vo, Paris, Chamerot, 1860, pp. 591, vol. i.

This volume contains records of upwards of eighty cases, illustrative of three diseases—retention of the menstrual secretion, peri-uterine hæmatocele, and hæmorrhage connected with extra-uterine fœtation.

HUTIN.—*On Sterility in the Female Sex.* 8vo, Paris, G. Baillière, 1859, pp. 116.

A short, systematic treatise on sterility in the female sex, with practical remarks on the appropriate treatment.

BECQUEREL.—*Clinical Treatise on the Diseases of the Uterus and its Appendages.* With an Atlas of 18 plates and 44 figures. 2 vols. Paris, 1859.

Becquerel's work is complete as representing the present state of knowledge in uterine pathology and therapeutics in France.

Dr. GUNNING S. BEDFORD.—*Clinical Lectures on the Diseases of Women and Children.* 6th edition. New York, 1860, pp. 653.

Dr. TILT.—*On the Influence of Tropical Climates on the Rise, Progress, and Treatment of Uterine Inflammation.* Lancet, 1860, March 31, May 26, pp. 316, 519.

Tilt points out the manner in which the menstrual function becomes deranged in the case of young women going out to India. Liver disease and dysentery tend to produce uterine inflammation; intermittent and remittent fevers, anæmia and debility, all conditions to which European residents in the East are liable, also tend in the same direction.

Dr. TILT.—*Contributions to Uterine Pathology. Complications of Uterine Disease; Dyspepsia, Neuralgia, Paraplegia.* Lancet, 1860, Jan. 14, Feb. 4, pp. 30-112.

SPECIAL DISEASES.

UTERUS.

Versions, &c.

VIRCHOW.—*On Dislocations of the Uterus.* Mon. f. Geb., 1859, March and April.

Virchow comes to the conclusion that a congenital inequality in the development of the lateral ligaments of the uterus, and particularly of the ovary, is a frequent cause of the anteflexions met with in young women and those who have not borne children. This conclusion is based on numerous post-mortem examinations of young children.

Dr. TYLER SMITH.—*An Inquiry into the Correctness of the Doctrine of William Hunter in regard to Retroversion or Retroflexion of the Gravid Uterus.* Obst. Trans., vol. ii, p. 286.

The author disputes the Hunterian doctrine that the chief and exciting cause of complete retroversion is retention of urine and distension of the bladder, and his conviction is that the most common cause of retroversion of the gravid uterus is not to be found in the state of the pelvis or the condition of the bladder, but in the occurrence of impregnation in the retroverted uterus, and in the tendency of the organ thus impregnated to grow and develop itself, during the early months of pregnancy, in the retroverted or retroflexed position. The retroversion dates from the very beginning of pregnancy. The distension of the bladder is an effect, not a cause, of the displacement. The author relates several cases in which the retroversion in the gravid had been observed to follow retroversion in the non-gravid state.

Dr. Skinner.—*Retroversion of the Gravid Uterus.* Brit. Med. Journ., 1860, pp. 471, 492, 517, 871, 891, 909, 933, 949.

Skinner contends that displacement of the uterus backwards is in itself no great impediment to conception, he having witnessed several cases where conception did take place. In considering the question of retroversion of the uterus *after* conception, the author has collected, analysed, and commented on sixty-three cases.

Gosselin.—*Retroversion of the Gravid Uterus at the Fourth Month; Reduction by M. Négrier's Plan.* Gaz. Hôp., Nov. 10, 1860.

The fingers and thumb having been gradually introduced into the vagina, the fist was closed and pressure upwards exercised. Result successful.

Muenchmeyer.—*Retroversio Uteri; Cure by Puncture of the Bladder.* Mon. f. Geb., Nov., 1859, p. 370. Schmidt, vol. 106, p. 187.

Joseph Rogers.—*Retroversion of Gravid Uterus; Difficulty of Diagnosis.* Brit. Med. Jour., May 19th, 1860, p. 381.

"Bashful."—*Retroversion of the Uterus, and its Spontaneous Adjustment; Recovery.* Dub. Med. Pr., March 21, 1860, p. 236.

Mall.—*Spontaneous Cure of a Retroversion of the Gravid Uterus.* Allg. Wien. Med. Ztg., 1859, p. 52. Schmidt, vol. 106, p. 187.

Dr. Moir.—*On Retroflexion of the Unimpregnated Uterus; with Cases Illustrative of its Causes and of a New Mode of Treatment.* Edinburgh Med. Journ., Feb., 1860, pp. 701.

Moir at first treated retroflexion by the use of a straight bougie, the length of the uterine cavity, fitted with a projecting bulb. Latterly he has adopted the expedient of gradually dilating the cervix and cavity of the uterus by sponge-tents, and allowing the organ to contract on wire bougies, covered with gutta percha, gradually reduced in thickness, and worn in regular series until the contraction is complete.

Fano.—*On Electrization of the Uterus; on the Possibility of Reposition of the Flexed Uterus by its means.* L'Union, 1859, 134.

Fano relates four cases in which flexion was cured by electricity applied by Legendre and Morin's apparatus. One pole of the battery is applied to the cervix uteri, the other above the pubic symphysis, a little to one side. The application is continued for five minutes, and repeated at intervals.

Dr. Charles A. Lee.—*A Statistical Inquiry into the Causes, Symptoms, Pathology, and Treatment of Inversion of the Womb.* Amer. Med. Journ., Oct. 5, 1860, p. 313.

BRANDT, MARTIN, LANGENBECK.—*Cases of Inversion of the Uterus.* Monat. f. Geb., vol. xv, pp. 90 and 173; xvi, p. 11. Med. Times and Gaz., Oct. 27th, 1860, p. 414.

BOCKENDAHL.—*Case of Inversio Uteri.* Deut. Klin., 1859, 52. Schmidt, vol. 107, p. 309.

BRANDT.—*Two Cases of Inversio Uteri.* Mon. f. Geb., Feb., 90. Schmidt, vol. 107, p. 309.

IRVIN.—*A Case of Inversion of the Uterus Successfully Treated.* Am. Med.-Chir. Rev., Jan. 1860, p. 93.

REYMANN.—*Complete Inversion of the Uterus.* Pr. Ver. Ztg., 1859, 16. Canst., vol. iv, p. 462.

WOODSON.—*Complete Inversion of the Uterus at Four Months of Utero-Gestation, Replaced Six Days after the Accident.* Am. Med. Jour., Oct. 1860, p. 410.

Dr. KEILLER.—*Clinical Reports on the Diseases of Women; with Observations.* Ed. Med. Journ., Dec. 1860, p. 497.

In this report Keiller relates six cases as illustrations of the operative treatment of prolapsus resulting from perinæal laceration, &c.

ROY.—*A Case of Procidentia Uteri, followed by Violent Metritis and Peritonitis; Recovery.* Amer. Med.-Ch. Rev., Nov. 1860, p. 1065.

DEMARQUAY.—*Note on the Reduction and Cure of Complete Prolapsus of the Uterus by Means of Prosthetic Apparatus.* L'Union, 1859, 53.

GAILLARD.—*Complete Prolapsus of the Uterus; Hephestioraphy; Cure.* Gaz. Hôp., Jan. 14, 1860.

VERNEUIL.—*Historical Glance at the Question of Uterine Prolapsus.* Gaz. Hebd., 1859, Nos. 12, 13.

BRAUN.—*On the Curability of Prolapsus Uteri by the Galvanic Cautery.* Wien. Wohnschr., 1859, 30. Canst., vol. iv, p. 409.

LEOPOLD.—*Two Cases in which Uterine Pessaries were retained a long time.* Mon. f. Geb., May, 1859.

ULRICH.—*Compression of the Rectum by a Dislocated Uterus, and a Zwanke's Pessary impacted in the Vagina.* Canst., vol. iv, p. 409.

BRESLAU.—*On the History of Pessaries.* Scan. Beitr., iv, 1860.

Cervix Uteri; Atresiæ, &c.

Prof. ROKITANSKY.—*Atresia of the Left Half of an Uterus Bicornis.* Wein. Aerzt. Zt., 31.

The left half was distended, and its inferior orifice closed. A pouch projected into the vagina at this position. Death occurred from ovaritis and abscess, consequent on menstrual retention.

G. SIMON.—*Operations in Atresiæ of the Female Sexual Organs.* Mon. f. Geb., vols. xiii and xiv.

HOOPER.—*Accumulated Menstrual Fluid; Imperforate Uterus, with Defective Vagina.* Beale's Archiv., 1860, p. 50.

I. BAKER BROWN.—*Report of a Case of retained Menses from Imperforate Os Uteri; Operation; Death.* Lancet, May 12th, 1860, p. 465.

ABT.—*Atresia of the Uterus.* Wurt. Corr. Bl., 28, 1859. Schmidt, vol. 105, p. 312.

Dr. MEADOWS.—*Three Cases of Hysterotomy, with Successful Results.* Med. Times and Gaz., March 17th, 1860, p. 289.

Meadows records three cases in which there was dysmenorrhœa, connected with constriction of the internal os uteri. The strictured part was divided by the hysterotome, and a successful result obtained.

LEFEBVRE. — *On Inflammation in Connection with Considerable Elongation of the Cervix Uteri.* Gaz. Heb., 1859, 11. Schmidt, vol. 106, p. 184.

BERTET.—*On the Hypertrophic Elongation of the Cervix Uteri.* L'Union Méd., 1859, 37.

DEPAUL.—*Hypertrophy of the Anterior Lip of the Cervix Uteri; Fibrous Tumour of the Uterus; Ecrasement.* Gaz. Hôp., Feb. 14, 1860.

J. MARTIN.—*Hypertrophy of the Follicles of the Uterine Cervix.* Bull. de Thér., vol. lvi, p. 313.

Hard tumours in the parenchyma of the lips of the os uteri, and caused by hypertrophy of the mucous follicles, are, it is stated, more common than is usually supposed. The tumours are round, smooth, non-pediculated; their surface is somewhat paler than that of the adjacent parts. For the removal of these tumours, Filhos' caustic is recommended.

HUGUIER.—*On the Hypertrophic Elongation of the Neck of the Uterus.* Mém. de l'Acad. de Méd., 1859, p. 279. Schmidt, vol. 106, p. 54.

This important memoir, a short notice of which appeared in the 'Year Book' for 1859, is here printed *in extenso*, illustrated with numerous well-executed lithographs.

Prof. SCANZONI.—*On Removal of the Vaginal Portion for the Cure of Prolapsus Uteri.* Scanz. Beitr., vol. iv, p. 329. Schmidt, vol. 106, p. 185.

Scanzoni has operated in sixteen cases. In nine cases the curved scissors of Siebold were used; in three, the galvano-caustic apparatus; in two, the écraseur was employed, but the operation could not be completed with it; in two cases, a tonsillotome was used. The écraseur is in many cases objectionable, owing to the difficulty of controlling the course taken by the chain, and the possibility of implicating the peritoneum. Maissonceuve's "constricteur" is open to the objection that the wire is liable to break. The author thinks highly of the tonsillotome; each case must, however, be considered by itself, and requires an appropriate treatment.

Prof. BRAUN.—*On Removal of the Vaginal Portion for the Cure of Prolapsus Uteri.* Wien. Wohnschr., 1859, 30 and 31. Schmidt, vol. 106, p. 185.

Braun states that in about one out of every ten cases of prolapsus uteri it has been proved that the cervix is abnormally elongated. As a method of removal, Braun prefers the galvano-caustic apparatus.

Uterine Cancer.

Dr. Braxton Hicks.—*Cauliflower Excrescence of the Os Uteri removed by the Ecraseur; Recovery.* Med. Times and Gaz., Nov. 17th, 1860, p. 482.

Dr. Alex. R. Simpson.—*Amputation of the Cervix Uteri for Cancroid Degeneration.* Ed. Med. Journ., Dec., 1860, p. 571.

Murney.—*Chronic (Eroding) Ulceration of the Uterus.* Dub. Hosp. Gaz., June 12th, 1860, p. 168.

Dr. Bristowe.—*Alveolar (not Colloid) Cancer of the Uterus.* Trans. Path. Soc., vol. xi, p. 178.

Riquard.—*Uterine Cancer.* Journ. de Bord., July, 1859. Schmidt, vol. 105, p. 58.

Sawyer.—*Carcinoma of Uterus; Extirpation.* Am. Med. Journ. July, 1860, p. 46.

In this case, the abdomen was opened, and the "tumour," viz., the uterus and the so-called carcinomatous growth, removed. The patient died the sixth day after the operation. The tumour had existed for ten years; the patient's age was forty-three.

Fibrous Tumours.

Dr. McClintock.—*Unusual Case of Uterine Tumour.* Dub. Hosp. Gaz., June 1st, 1860, p. 166.

Guyon.—*On Fibrous Tumours of the Uterus.* 8vo, Paris, 1860 (plate).

H. G. Times.—*Large Fibrous Tumour of the Uterus.* Obst. Trans., vol. ii, p. 33.

Dr. Graily Hewitt.—*Enormous Fibrous Tumour of the Uterus.* Obst. Trans., vol. ii, p. 240.

Dr. Gibb.—*Virgin Uterus (from a Female aged Fifty Years), with a Bony Tumour attached to its Fundus.* Trans. Path. Soc., vol. xi.

Ziemssen.—*Spontaneous Elimination of a Fibrous Tumour of the Uterus the Size of a Child's Head; Cure.* Virch. Arch., 1859, p. 333. Schmidt, vol. 106, p. 59.

Dr. Swayne.—*Fibrous Tumour of the Uterus; Spontaneous Expulsion of the Tumour during the Third and Fourth Weeks after Delivery.* Brit. Med. Journ., May 12th, 1860, p. 358.

Depaul.—*Case of Separation of a Fibrous Uterine Polypus by Means of the Ecraseur.* Gaz. Hôp., Feb. 14th, 1860. Schmidt, vol. 107, p. 56.

C. Mayer.—*Case of Extirpation of a Medullary Sarcomatous (Tumour) from the Cavity of the Uterus.* Mon. f. Geb., March, April, 1859. Canst., vol. iv, p. 421.

Dr. Priestley.—*Fibrous Tumour of Large Size; Enucleation; Death.* Trans. Path. Soc., vol. xi, p. 174.

Dr. J. Hall Davis.—*An Intra-uterine Fibro-plastic Tumour extensively adherent; Removed by Enucleation.* Obst. Trans., vol. ii, p. 17. (With Drawings.)

A ligature was first applied, but the tumour was too large to be affected by it, and the tumour was then removed by a combined process of tearing and cutting. The patient recovered.

Neuroses; Sympathetic Affections of the Uterus.

BRIQUET.—*A Clinical and Therapeutical Treatise on Hysteria.* Paris, 1859, 8vo, pp. 724. Schmidt, vol. 108, p. 109.

This work contains an elaborate account of hysteria, founded for the most part on personal observation of 430 cases, accounts of 71 of which are incorporated in the text.

BEAU.—*Clinical Lecture on Hysteria.* Gaz. Hôp., July 26th, 31st, 1860.

HOPPE.—*Hip-joint Affections as a Result of Uterine Affections.* Pr. Ver. Ztg., iii, p. 2. Schmidt, vol. 107, p. 310.

Prof. SCANZONI.—*Urticaria as a Symptom of Irritation of the Female Sexual Organs.* Wurz. Med. Zt., vol. i. Edinb. Med. Journ., Oct. 1860, p. 384.

The particulars of three cases are given, in each of which the application of leeches to the cervix uteri, by producing sudden irritation of the female sexual organs, induced an attack of urticaria.

Dr. BROWN-SÉQUARD.—*Epilepsy Depending on Disorder of Menstruation.* Med. Times and Gaz., Dec. 22d, 1860, p. 612.

The condition of the patient was very materially improved by the re-establishment of menstruation, which had been absent for some time previously.

Menorrhagia.

Dr. ROUTH.—*Four Cases of Menorrhagia treated by Injection, or Scraping of the Uterus and Injection combined; with Remarks on this Plan of Treatment.* Obst. Trans., vol. ii, p. 117.

Routh cites cases to show the efficacy of the combined use of injections and scraping of the internal surface of the uterine cavity in obstinate and otherwise incurable cases of menorrhagia. In order that the operation may be performed safely and conveniently, it is essential that the os uteri be previously well dilated by means of sponge-tents. The "scraper" is not to be too sharp; the nature of the injections used varied—compound tincture of iodine, tincture of muriate of iron, &c.

PARANT.—*Encysted Dropsy of the Uterus, reproduced every Three Months; Injection of Iodine; Cure.* Gaz. Hôp., Aug. 21st, 1860.

Prof. SCANZONI.—*A Case of Periodical Hydruria.* Wurzb. Med. Zt., i, p. 95. Med. Times and Gaz., Oct. 20th, 1860, p. 386.

Leucorrhœa.

Dr. J. MATTHEWS DUNCAN.—*On the Uterine Leucorrhœa of Old Women.* Edinb. Med. Journ., March, 1860, p. 826.

Matthews Duncan describes a true "uterine" form of leucorrhœa occurring in women who have ceased to menstruate. If retained in the uterus for a time, the discharge acquires a putrid odour, and there is peculiar girding pain in the loins. The internal os uteri is often found contracted, while the cavity above is dilated. The regular use of internal cauterization by nitrate of silver is recommended, also irrigation of the cervix and vagina with cold water.

FRICKHOEFFER.—*Schwalbach in its Relations to Chronic Uterine and Vaginal Catarrh.* Mon. f. Geb., June, 1860, p. 422. Schmidt, vol. 108, p. 44.

The mineral waters of Schwalbach are said to be of special service in those particular forms of uterine and vaginal catarrh which are not dependent on textural disorders and complications, and which owe their origin to more general causes—anæmia and chlorosis.

CHARPENTIER.—*Cases of Uterine Diseases Treated by the Sulphurous Thermo-Mineral Waters of Saint Amand (Nord).* Journ. de Méd. de Brux., Nov., 1859, p. 456.

Uterine Polypi.

HABIT.—*Cases of Fibrous Polypus of the Uterus.* Wien. Aerzt. Zeitsch., iii, p. 12. Schmidt, vol. 107, p. 55.

Habit's observations refer to twenty-one cases. In fourteen cases an operation was performed. In eleven cases excision was employed; in two, torsion; in two, the ligature. Six were cured; five died of pyæmia. The author concludes that it is unadvisable to employ excision, if the pedicle is more than half an inch thick.

Dr. JOHNS.—*Cases of Uterine Polypi; with Practical Remarks.* Dub. Med. Pr., April 4th, 1860, p. 268.

BLAZINA (Prague).—*On Uterine Polypi.* Allg. Wien. Ztg., 1859, 50. Schmidt, vol. 107, p. 307.

GRAHAM.—*Uterine Polypus Treated by Injection of Perchloride of Iron.* Am. Med. Monthly, March, 1860. Brit. Med. Journ., Sept. 8, 1860.

Dr. GRAILY HEWITT.—*Fibro-cystic Growth Expelled from the Uterus.* Trans. Path. Soc., vol. xi, p. 173.

VELPEAU.—*On the Harmlessness and Spontaneous Cure of certain Uterine Polypi.* Jour. de Méd. et Chir. Prat. Edinb. Med. Jour., Feb., 1860, p. 770.

DEMARQUAY.—*Uterine Polypus.* L'Union Méd., 76, 1859.

Dr. M'CLINTOCK.—*Spontaneous Cure of Uterine Polypus.* Dub. Hosp. Gaz., June 1st, 1860, p. 167.

RIGGLER.—*Operation on a Uterine Polypus.* Aerzt. Mitt. aus Baden, April, 1859. Schmidt, vol. 105, p. 313.

Patient æt. 46. The polypus was the size of a goose-egg. By aid of ergot, &c., it was engaged in the os uteri, and the pedicle, short and thick, cut across. Result favorable.

LUMPE.—*Ligature of a Fibrous Polypus of the Uterus.* Wien. Wohnschr., 45, 1859. Schmidt, vol. 105, p. 313.

GOLDSMITH.—*Seven Cases of Uterine Polypus, with some Remarks upon the Treatment.* Louisville Med. Journ., April. Am. Med.-Chir. Rev., Sept., 1860, p. 90.

ULRICH.—*Fibrous Polypus of the Uterus; Excision of the same; Death. Perforation of a Fallopian Dropsy.* Mon. f. Geb., Feb., 1860, p. 87.

GOLDSCHMIDT.—*On Fungosities of the Cavity of the Uterus.* Strasbourg, 1859. Canst., vol. iv, p. 420.

TRUDEAU.—*On Granulations of the Lining Membrane of the Uterus.* N. O. Med. and Surg. Journ., Jan., 1860. Am. Med.-Chir. Rev., March, 1860, p. 329.

The author describes two varieties—1, small tumours with wide base, soft, easily detached, growing near the Fallopian tubes—*cellulo-vascular vegetations;* 2, pediculated vegetations, of greater density, elastic, smooth, smaller than the first, generally found in the neck and inferior segment of the uterus—*cellulo-fibrous vegetations.*

Peri-uterine Diseases.

Dr. M'CLINTOCK.—*Case of Peri-uterine Hæmatocele.* Dub. Hosp. Gaz., June 15th, 1860, p. 179.

Prof. BRAUN.—*On Peri-uterine Hæmatocele and its Treatment.* Wien. Aerzt. Zeit., 1 and 4. Schmidt, vol. 107, p. 57.

The *source* of the hæmorrhage is various—the ovaries, the tubes, the broad ligaments, extra-uterine pregnancy, hæmatometra, and reflux of blood through the tubes. The causes of the hæmorrhage also various—excess in coitus, bodily movements during menstruation, &c. The blood coagulates partly or entirely, and becomes enclosed in a kind of cyst. Quantity varies from a few drachms to several pounds. As regards the diagnosis, it is of assistance to know that it generally occurs during menstruation or after suppression. As regards treatment, puncture from the vagina is considered a judicious method of treatment when the hæmatocele is recent and not intra-peritoneal. Local applications of cold, leeches, &c., are advisable; purgatives, quinine, iron, &c., internally.

VOISIN.—*Retro-uterine Hæmatocele and Non-encysted Effusions of Blood into the Peritoneal Cavity of the Pelvis considered as Accidents of Menstruation.* 8vo, Paris, Baillière et Fils, 1860, pp. 368.

Voisin recognises only one form of retro-uterine hæmatocele—that in which the blood is effused into the peritoneal cavity, there becoming enclosed in a sac. The blood so effused originates, he believes, in an accident of menstruation. The causes of the hæmorrhage are—congestion of the Graafian vesicles during menstruation, reflux of blood from the uterus into the tubes, or tubal hæmorrhage. The physiological state is favorable to the occurrence of hæmorrhage; but the pathological ones render it more liable to occur, such as venous congestion of the ovary, undue sexual excitement, or altered condition of the blood itself. The course, symptoms, and diagnosis of the affection are successively considered, and the histories of thirty-five cases are appended. The work contains all the most recent information on the subject.

GALLARD.—*Memoir on Spontaneous Peri-uterine Hæmatocele.* Arch. Gén., Oct., Nov., and Dec., 1860.

The author offers the results of his researches on the origin, mode of formation, and anatomical seat of spontaneous peri-uterine hæmatocele, as distinguished from that of accidental or traumatic origin. He is of opinion that, although the occurrence of the spontaneous form, irrespective of conception, may still be admitted, yet in the majority of cases it is far from being frequent or ordinary. It appears to be produced by a mechanism which does not in any way differ from that which holds good in the case of extra-uterine pregnancies: the only difference being, that the ovule, which is fecundated in one case, is not in the other. When conception does not occur, the spontaneous hæmatocele results from an incomplete or defective migration, whether of the ovule or of the blood which flows from the ovary after the dehiscence of the Graafian vesicle. The hypothesis thus propounded accords, it is contended, with all the facts observed on the subject. In proof of this statement, several cases and observations are cited. The diagnosis, treatment, &c., of the affection are then systematically discussed.

ARAN.—*On Peri-uterine Inflammation; Symptoms and Treatment.* Bull. de Thér., July, August, 1859.

A good *résumé* of the symptoms and treatment.

Fallopian Tubes.

Prof. SIMPSON.—*On Dropsy and other Diseases of the Fallopian Tubes.* Med. Times and Gaz., June 30th, 1860.

The author considers—1, displacements; 2, hypertrophy; 3, fibroid tumours; 4, carcinoma; 5, tuberculosis; 6, inflammation; 7, hæmorrhage; 8, dropsy of the Fallopian tubes.

VOCKE.—*Case of Salpingitis puerperalis.* Preuss. Ver. Ztg., iii, p. 4. Schmidt, vol. 106, p. 54.

FOERSTER.—*On Peritonitis, the result of Purulent Inflammation of the Fallopian Tubes.* Wien. Wohnschr., 1859, 44, 45. Schmidt, vol. 106, p. 52.

Inflammation may affect the Fallopian tubes in three forms:—1. It proceeds directly from the abdominal entrance of the Fallopian tube to the neighbouring peritoneum. This form is very common: it is produced by ordinary catarrhal inflammation of the mucous membrane of the tube. Adhesions of the tube to the surrounding parts are the result of it. When the peritonitis exists on both sides, sterility results. 2. Formation of pus and ulceration of the wall of the tube, and discharge of the pus into the abdomen. This occurs but seldom, and almost always during the puerperal state. The author observed two cases in which this accident occurred in the non-puerperal state. 3. The pus formed in the tube passes through the orifice of the latter directly into the abdomen. This occurs more rarely than either of the other varieties. It would appear that such effusion of pus produces peritonitis at the point of escape. The escape of the pus from the tube results from relaxation of the fibres around the mouth of the Fallopian tube; or, as Martin believes, in consequence of pressure from without on the distended tube.

SIREDEY.—*On the frequency of Alterations of the Uterine Appendages in Affections called Uterine.* 4to, Paris, 1860, Delahaye, pp. 141.

Ovaries.

JOHN CLAY.—*Chapters on Diseases of the Ovaries. Translated by permission from Kiwisch's Clinical Lectures on the Special Pathology and Treatment of the Diseases of Women; with Notes, and an Appendix on the Operation of Ovariotomy.* 8vo, Lond., Churchill, 1860, pp. 430.

The first part of this work is a translation of the portion of Kiwisch's "Klinische Vorträge" relating to diseases of the ovaries, from the latest edition by Scanzoni. The translation contains notes by Kiwisch, Scanzoni, and Clay.

The appendix on ovariotomy by Clay contains an account of *all* operations of ovariotomy, of which accounts could be obtained up to February, 1860. The particulars relating to the cases are all systematically and elaborately tabulated. The number of completed or attempted operations thus collected is 537. In 212 of these a favorable result followed the removal of one or both ovaries. In 183 cases the patients died after removal of one or both ovaries. In twenty-four cases *partial* excision was performed, with a result of ten recoveries and fourteen deaths. In thirteen cases the tumour was found *not to be ovarian.* In eighty-two cases the operation was commenced but not proceeded with, owing to the presence of adhesions. In all, thirty-six cases are collected where the operation was commenced on an erroneous diagnosis. Many other interesting statistical details are given.

SIMON THOMAS.—*On Simple Ovarian Cysts and their Treatment.* Donders' Archiv., vol. ii, part 2. Canst., vol. iv, p. 427.

Simon Thomas calls attention anew to an operation for the cure of simple ovarian cysts which has of late fallen into disuse, viz., the puncture of the cyst from the vagina, and the maintaining of the aperture thus made patent. Three cases are related in which this method of treatment was successfully employed.

DISSE.—*An unusual case of Hydrops Ovarii.* Mon. f. Geb., March and April, 1860, p. 185. Schmidt, vol. 107, p. 307.

Dr. BATTYE.—*A Case of Ovarian Tumour, weighing seventy-six and a half ounces, in a Girl aged twelve and a half years, terminating life suddenly by Asphyxia.* Obst. Trans., vol. ii, p. 280.

Dr. BRISTOWE.—*Cancer of Cystic Ovaries; Cancer of Stomach, Liver, Peritoneum, &c.* Trans. Path. Soc., vol. xi, p. 176.

OTTO SPIEGELBERG.—*On the Anatomy and Pathology of Ovarian Cysts.* Mon. f. Geb., Aug., Sept., 1859. Canst., vol. iv, p. 426.

Dr. ROBERT LEE.—*On the nature of Ovarian Cysts which contain Teeth, Hair, and Fatty Matter.* Med.-Chir. Trans., vol. xliii, p. 93 (with plate).

Robert Lee, after considering historically the pathology of ovarian cysts containing teeth, hair, &c., relates four cases, in two of which the cyst was in a natural condition, while in the other two it was more or less disorganized by dropsy, cancer, &c.

S. Jas. A. Salter.—*Case of Ovarian Tumour containing Teeth, Hair, &c., with Remarks.* Guy's Hosp. Rep., 1860, p. 511.

A very complete and minute description is here given of the contents of an ovarian cyst containing hair, teeth, &c. The author rejects altogether the idea that these growths are the result of impregnation. The answer to the question—What does give rise to these productions? is to be found in the analogy which these formations have to the non-sexual reproduction which is now known to prevail in many of the lower animals, *e. g.* the *aphides* in daphnia, in hive-bees, &c.; they are altogether equivalent to virgin-produced "zooids" previous to their detachment from the parent.

Wythes. — *Account of Remarkable Ovarian Tumours.* Am. Med.-Chir. Rev., May 1860, p. 478.

Dr. Graily Hewitt.—*Malignant Disease of the Ovary.* Rep. of Obst. Soc. of Lond., Lancet, Nov. 17th, 1860, p. 489.

Foerster.—*On Primary Carcinoma of the Ovary.* Verhand. der Phys.-Med. Gesell. in Wurzb., vol. x, 1859. Canst., vol. iv, p. 428.

W. Michell Clarke.—*Abscess of the Ovaries.* Brit. Med. Journ., May 26th, 1860, p. 394.

Beraud.—*On Variolous Ovaritis (and Orchitis).* Arch. Gén., xiii, pp. 274, 557. Med. Times and Gaz., Jan. 14th, 1860, p. 42.

Santesson.—*Formation of an Abscess externally to the Sacro-iliac Symphysis, in connexion with Abscess in the Ovary of the same side.* Hygiea, 20, 40. Schmidt, vol. 105, p. 59.

Washington L. Atlee. — *Diagnosis of Ovarian Tumours.* Am. Med.-Chir. Rev., March, 1860, p. 331.

Boinet.—*The Differential Diagnosis of Abdominal Tumours and Ovarian Cysts.* Gaz. Hebd., 1–10, 1860. Schmidt, vol. 108, p. 322.

John Fox.—*Spontaneous Cure of Ovarian Tumour* (?) Brit. Med. Journ., Dec. 22d, 1860, p. 996.

Ulrich.—*Spontaneous Evacuation of an Ovarian Cyst into the Bladder.* Mon. f. Geb., March, 1859. Canst., vol. iv, p. 427.

Rigler.—*Bursting of an Ovarian Cyst, with Effusion of the Contents into the Abdomen; Resorption; Cure.* Wien. Wohnschr., 5, 1859. Schmidt, vol. 105, p. 314.

Huss.— *Cure of an Ovarian Tumour.* Hygiea, 20, 182. Schmidt, vol. 106, p. 52.

Worms.—*Historical and Critical Study of the Operation of Extirpation of Cystic Tumours of the Ovary.* Gaz. Hebd., Oct. 5th, 12th, 26th, and *seq.*, 1860.

Prof. Gross.—*Origin of Ovariotomy; with an account of the Life and Services of the late Dr. Ephraim McDowell, of Kentucky.* Am. Med.-Chir. Rev., Nov., 1860, p. 1028.

Prof. Simpson. — *On Ovarian Dropsy, its Surgical Treatment.* Med. Times and Gaz., Jan. 7th, 1860. *Injection of Iodine; Galvanism.* Ib., Jan. 28th and Feb. 4th, 1860. *On Ovariotomy.* Ib., March 3d, 10th, and 24th, 1860.

The author discusses, *seriatim*, the several methods of treatment, viz., the operation of paracentesis, the formation of a communication between the interior of the cyst and the cavity of the peritoneum, the establishing a fistulous communication between the interior of the cyst and a mucous or cutaneous surface, the injection of ovarian cysts with iodine, and ovariotomy.

In forty or fifty cases treated by injection, a fatal result occurred once only. The application of galvanism is considered useless, and in some cases dangerous. A comparison is instituted between the mortality from ovariotomy and from other surgical operations (p. 208), and the objections to the operation are considered. The operation of ovariotomy and the best method of performing it are next discussed.

PHILIP HARPER.—*Ovariotomy; Successful.* Brit. Med. Journ., May 26th, 1860, p. 394.

The patient's age was thirty-two. Injection with iodine had been tried without effect, and it was evident that there were several cysts present. Ovariotomy was performed, and a tumour consisting of several cysts, of various sizes, removed. The case did well.

SPENCER WELLS.—*Twelve Ovarian Cysts and Tumours removed by Ovariotomy.* Trans. Path. Soc., vol. xi, p. 169.

SPENCER WELLS.—*Multilocular Ovarian Cyst; Ovariotomy; Cure.* Med. Times and Gaz., Feb. 25th, 1860, p. 189.

SPENCER WELLS.—*Case of Ovariotomy; Death from Intestinal Obstruction.* Med. Times and Gaz., March 10th, 1860, p. 235.

The case was fatal forty-six hours after operation, from obstruction of the bowels. A portion of the small intestine had become strangulated by pressure from the peduncle.

SPENCER WELLS.—*Four cases of Ovariotomy.* Med. Times and Gaz., August 25th, 1860, p. 178.

Of the four cases of ovariotomy here treated three recovered, one died. The author attributes his success to the simple after-treatment adopted. Opium is to be given to relieve pain, but only by the rectum.

SPENCER WELLS.—*Case of Ovariotomy.* Med. Times and Gaz., Dec. 1st, 1860, p. 531.

The patient æt. 53. The tumour removed was composed of one large cyst, capable of containing from forty to fifty pints of fluid, and a number of groups of smaller cysts. The recovery was perfect. This was the twentieth case of this operator. His results are, of twelve hospital cases, eight recoveries and four deaths; of eight cases in private practice, five recoveries and three deaths.

Dr. TANNER.—*Large Colloid Tumour of the Ovary.* Rep. of Obst. Soc. of Lond., Lancet, Dec. 15th, 1860, p. 585.

In this case ovariotomy was successfully performed.

ROEMER.—*Ovarian Dropsy; Ovariotomy.* Am. Med. Journ., April, 1860, p. 567.

Æt. 38. Tumour weighed 25 lbs. Recovery.

W. F. Wratislaw.—*Successful case of Ovariotomy.* Brit. Med. Journ., June 2d, 1860, p. 415.

In the case recorded the operator was Mr. Baker Brown; the patient æt. 18. The tumour was multilocular.

T. B. Curling. — *Multilocular Ovarian Cyst, of very large size; Ovariotomy; Death.* Med. Times and Gaz., March 3d, 1860, p. 219.

Patient æt. 18. Tapped three times, many adhesions, long operation. Death sudden, about twenty-four hours after operation.

Crosby.—*Successful case of Ovariotomy.*—Bost. Journ., 162, 77. Med. Times and Gaz., 1860, p. 220.

A large unilocular cyst.

I. Baker Brown.—*Multilocular Ovarian Dropsy; Ovariotomy; Recovery.* Med. Circ., Jan. 4th, 1860, p. 11.

Operation on Dec. 5th, 1859: on Dec. 28th the patient was convalescent. Previously to the operation of ovariotomy a large cyst had been punctured from the vagina, and five pints of fluid withdrawn.

Geo. H. Kidd.—*On Ovariotomy.* Dub. Hosp. Gaz., Feb. 15th, p. 50.

Kidd relates a case of ovariotomy, the first operation of the kind in Ireland, and which was fatal in twenty-four hours. The operator was Dr. Clay, of Manchester.

Statistical Report on Ovariotomy in English Provincial Hospitals in 1859. Med. Times and Gaz., May 26th, 1860, p. 525.

One case of ovariotomy is recorded in the Statistical Report in the 'Medical Times and Gazette.' The patient died four days afterwards.

Ridsdale.—*Case of Delivery of a Living Child thirteen months after Ovariotomy.* Rep. of Obst. Soc. of Lond., Lancet, Dec. 15th, 1860, p. 586.

Statistical Report on Paracentesis for Ovarian Dropsy in English Provincial Hospitals in 1859. Med. Times and Gaz., May 26th, 1860, p. 524.

Six cases of paracentesis for ovarian dropsy in the English provincial hospitals, during 1859, are here recorded. Of the six cases four were relieved, and two died seven and eight days after the operation respectively.

Steinthal.—*Radical Cure of a case of Ovarian Dropsy by one Puncture.* Mon. f. Geb., Nov., 1859. Canst., vol. iv, p. 427.

Emanuel May.—*A case of Ovarian Dropsy cured by Tapping and Pressure.* Lancet, Dec. 8th, 1860, p. 565.

The patient, æt. 24, was tapped, and a compress and bandage carefully applied: for four years after she remained quite well, and was then lost sight of.

I. Baker Brown.—*Three cases of Ovarian Dropsy cured by Tapping and Pressure.* Med. Soc. of Lond., Lancet, Nov. 3d, 1860, p. 435.

Baker Brown reports three cases, in which tapping and pressure were used in the treatment of cases of unilocular ovarian dropsy. No return of the swelling had taken place. (Interval since operation, fifteen months, fifteen months, thirteen months, respectively.)

SCHH.—*On Iodine Injections in Ovarian Cysts.* Wien. Aerzt. Zt., 48, 1859. Med. Times and Gaz., June 16th, 1860, p. 600.

SPENCER WELLS.—*Five cases of Ovarian Cysts successfully treated by Iodine Injection.* Med. Times and Gaz., June 2d, 1860, p. 549.

Of Spencer Wells's five cases of iodine injection two were published last year (see 'Year-Book for 1859'). The three new cases were successful. A very small quantity (one to two ounces) of a very strong solution of iodine (one scruple of iodine and half a drachm of iodide of potassium to one ounce of water) was used, the greater part allowed to remain. The cases chosen for this operation were cases of unilocular cyst.

UYTTERHOEVEN.—*Large Ovarian Cyst: Adhesion produced by means of the "Trocart à curseur."* J. de Méd. de Brux., June, 1859, p. 375.

Adhesion having been produced, and a fistula established, iodine injections were used. The object of the operator—to establish a permanent fistula, through which the cyst might empty itself—was effected.

Vagina, Bladder, and External Organs of Generation.

RECHNITZ.—*Laceration of the Vagina in consequence of an External Injury.* Ungar. Ztsch., 10, 1. Schmidt, vol. 105, p. 57.

I. BAKER BROWN.—*Record of Nineteen cases of Ruptured Perinæum.* Lancet, March 3d, April 7th, 1860, pp. 214, 342.

The author reports a further series of nineteen cases, making sixty-seven in the whole. In two of the latter series death occurred from pyæmia. In the after-treatment of these cases much importance is attached to the administration of nourishment in good quantity: opium is also to be given.

BIEFEL.—*On Plastic Operations on the Perinæum.* Mon. f. Geb., June, 1860.

ROUBAIX.—*Case of Rupture of the Perinæum, with Prolapsus of the Rectum, treated and cured by Perinæoplasty.* J. de M. de Brux., Feb., 1859, p. 139.

MORGAN.—*Case of nearly complete Occlusion of the Vagina successfully treated by Operation.* Indian Annals of M. Science, 1860, p. 329.

Dr. PRIESTLEY.—*Tumour of the Labia Pudendi.* Trans. Path. Soc., vol. xi, p. 168.

Dr. BAINBRIDGE.—*Case of Enlarged Clitoris.* Med. Times and Gaz., Jan. 14th, 1860, p. 45.

WARD.—*Epithelial Cancer of the Labium; Excision; Early Return of the Disease in the Glands.* Med. Times and Gaz., Oct. 20th, 1860, p. 381.

JONATHAN HUTCHINSON.—*Tabular Statement of Fourteen cases of Epithelial Cancer of the Female Genitals.* Med. Times and Gaz., Oct. 20th, 1860, p. 379.

These cases form part of a 'Clinical Report on Epithelial Cancer.' In thirteen of the fourteen cases the disease was removed by operation. In eleven of these the patient is stated to have recovered. In two the disease returned.

Dr. M'Clintock.—*Cancer (Epithelial) of the External Pudendum.* Dub. Hosp. Gaz., June 1st, 1860, p. 167.

Browne.—*Case of Hypertrophy of the Clitoris and Nymphæ.* Dubl. Hosp. Gaz., Feb. 1st, 1860, p. 45.

G. Simon.—*Operations on the Female Sexual Organs: a case of Recurrent Sarcomatous Tumours in the Labia Majora.* Mon. f. Geb., vols. xiii, xiv. Schmidt, vol. 105, p. 53.

Capelle.—*Enormous Lipoma of the Labia Majora and Perinæum.* Journ. de Méd. de Brux., Jan., p. 41. Schmidt, vol. 106, p. 184.

The tumour, which reached to the knee, and measured thirty-three centimètres across, and fifty in circumference, had been growing for ten years. It was removed, and the patient (æt. 30) recovered.

Habit.—*Urinary Fistulæ in the Female Sex, with especial reference to their Treatment by the Actual Cautery.* Wien. Aerzt. Zt., 40, 41, 1859. Canst., vol. iv, p. 435.

I. Baker Brown.—*Report of Eleven Cases of Vesico-vaginal Fistula.* Lancet, Nov. 17th and 24th, Dec. 1st, 1860.

The operations performed were successful in all these cases, so far as the fistula was concerned. One of the patients died of pyæmia. In some of the cases, which presented considerable difficulties, more than one operation was necessary before a complete cure was obtained.

G. Simon.—*Description of a Case of Fistula between the Small Intestine and the Vagina, simultaneously with Vesico-vaginal Fistula, with Critical Remarks on Intestino-vaginal Fistulæ.* Mon. f. Geb., Dec., 1859. Canst., vol. iv, p. 437.

Dr. Lyon.—*Case of Operation for Vesico-vaginal Fistula.* Glasg. Med. Journ., July, 1860, p. 203.

Partridge.—*Foreign Body in the Vagina, covered with Calculous Deposit, and producing Vesico-vaginal Fistula.* Hosp. Mirror, Lancet, Oct. 6th, 1860, p. 339.

Dr. Eben Watson.—*Cases of Operation for Vesico-vaginal Fistula.* Glasg. Med. Journ., April, 1860, p. 53.

Two cases (13 and 14), both successful.

Hilliard.—*Observations on the Instruments employed in the Operation for the Cure of Vesico-vaginal Fistula, with a Description of New Instruments intended to simplify and facilitate the Operation.* Med. Times and Gaz., Nov. 24th, 1860, p. 498.

Hilliard describes a set of improved and, in part, new instruments for the performance of vesico-vaginal fistula operations.

Dr. A. Simpson (Dacca, India).—*A Successful Case of Vesico-vaginal Fistula treated in the Milford Hospital at Dacca.* Indian Annals, 1860, p. 319.

I. BAKER BROWN.—*Vesico-vaginal Fistula Operations, and some Recent Improvements in these Cases.* Med. Cir., June 13th, 1860, p. 401.

Four cases are related.

HAYNES WALTON.—*Case of Vesico-vaginal Fistula.* Med. Times and Gaz., Feb. 25th, 1860, p. 189.

Haynes Walton records a case of vesico-vaginal fistula cured by Bozeman's operation.

MARVÉJOULS.—*New Case of Recent Vesico-vaginal Fistula; Cured by the Employment of an Air-pessary.* Bull. de Thér., Sept. 15th, 1859. Canst., vol. iv, p. 435.

FOLLIN.—*Examination of Certain New Operative Procedures for the Treatment of Vesico-vaginal Fistulæ.* (American Method.) Paris, 1860.

ANDRADE.—*Essay on the Treatment of Vesico-vaginal Fistulæ on the American Method.* Paris, 1860.

SPENCER WELLS.—*Recto-vaginal Fistula; Septum Ruptured at the Consummation of Marriage; Operation; Cure.* Med. Times and Gaz., Jan. 21st, 1860, p. 61.

Spencer Wells records an interesting case of rupture of the recto-vaginal septum, produced by sexual intercourse. An operation was performed, and the opening (the size of a shilling) completely and successfully closed.

WASHINGTON L. ATLEE.—*Case of Successful Operation for Vesico-vaginal Fistula.* (With eight woodcuts.) Am. Med. Journ., January, 1860, p. 67.

A case is reported in which labour was tedious, and the forceps were used. Ten days after labour, it was discovered that there was a vesico-vaginal fistula present. The author then considers the *cause* of the production of this fistula, about which there had been much discussion.

CROCKETT.—*Vesico-vaginal Fistula.* Am. Med. Journ., Jan., 1860, p. 121.

Dr. EBEN WATSON.—*Report of Seven Cases of Vesico-vaginal Fistula.* Med. Times and Gaz., June 23d, 1860, p. 616.

Eben Watson has operated seven times for vesico-vaginal fistula; in all cases the first operation was successful.

MALLEZ.—*Prolapsus of the Mucous Membrane of the Female Urethra.* Gaz. Hôp., July 24th, 1860.

Prolapsus of the mucous membrane is, the author believes, sometimes mistaken for polypus.

THORE.—*Case of Polypus of the Female Urethra.* Gaz. Hôp., March 13th, 1860.

P. HERON WATSON.—*Case of Cancer of the Bladder* (*in a Female*). Edinb. Med. Journ., May, 1860, p. 1093.

HALL.—*A Bundle of Fine Hairs, Two Inches Long, growing from the walls of the Female Bladder, and covered with crystals of triple phosphate; Successful Removal by Mr. Hall, by Dilatation of the Urethra.* Lancet (Reports), Nov. 10th, 1860, p. 461.

JOHN HUNTER.—*On a case of numerous Calculi in the Bladder of a Female.* Lancet, July 21st, 1860, p. 57.

ED. ATKINSON.—*Case of Lithotomy in a Female, removal of Large Stone; Rapid recovery.* Med. Times and Gaz., August 25th, 1860, p. 181.

BARDY.—*Lithotomy in the Female; Spontaneous Fracture of a Vesical Calculus.* Brit. Amer. Journ., Jan., 1860, p. 13.

Breast.

Electricity as a means of Reproducing the Lacteal Secretion. Bull. de Thér., 1859, vol. i, p. 432.

In two cases the application of slight currents of electricity, by means of the electro-magnetic machine, was successful.

RICH. MARLEY.—*On the Action of Belladonna on the Secreting Mammary Gland.* Obst. Trans., vol. ii, p. 29.

Marley confirms Goolden's views as to the utility of belladonna inunctions for the purpose of arresting the lacteal secretion.

THOS. W. NUNN.—*Acute Inflammation and Abscess of the Breast.* Med. Times and Gaz., May 12th, 1860, p. 470.

Nunn gives the results of his observations on nineteen cases of mammary abscess. In fifteen the suppuration occurred during lactation; nine of these belonged to the first and second months of lactation, three occurred during pregnancy, and one was unconnected with pregnancy or lactation. The lower lobes contained the purulent collection in eleven cases, the upper in five. The author disapproves of all debilitating measures, particularly continuous poulticing. He insists on the importance of the recumbent position, and on the propriety of the early use of the bistoury.

DR. M'CLINTOCK.—*Some Remarks on Mammary Inflammation and Mammary Abscess.* Dub. Med. Press, May 2d, 1860, p. 339.

In a very large proportion of fifty-four cases here related, some form of sore nipple preceded the inflammation. Hardness and tenderness of the base of the nipple show that mammary inflammation is imminent. Poulticing and rest are then the best means to be adopted. The author believes that inflammation and abscess very rarely result from distension of the breast alone. "Drawing the breasts," when the nipple is sore and inflamed, is to be reprobated. Rubbing or suction is only admissible to relieve or prevent over-distension, the nipple not being sore. The author does not think highly of belladonna as a local application to check the secretion of milk. Cold lotions are to be preferred to warm fomentations and other local applications. In regard to the time for opening the abscess, late puncture has proved most satisfactory. The utility of the "compression" treatment is great, but *after* the evacuation of the abscess.

Prof. ERICHSEN.—*On the Diagnosis of Tumours of the Breast.* Brit. Med. Journ., March 31st, p. 239; April 14th, 1860, p. 279.

Erichsen calls attention to the occasional great difficulty of making a diagnosis in cases of tumours of the breast; he advises great caution, especially in pronouncing unfavorably. A systematic account is then given of the differential diagnosis in such cases.

MANEC.—*Extraordinary Hypertrophy of the Breasts in a Girl æt.* 17. Gaz. Hôp., 12, 1859. Canst., vol. iv, p. 443.

Both breasts formed enormous pendulous tumours, hanging down as far as the pubic region. Extirpation was performed at two operations. The left mamma weighed seven and a half, the right, amputated a month later, eight kilogrammes. The patient recovered, and the menses afterwards appeared.

Dr. C. FLEMING.—*Case of Sero-cystic Disease of the Female Breast.* Dub. Hosp. Gaz., Sept. 1st, 1860, p. 258.

JOHN BIRKETT.—*Recurrence of an Adenocele, or Mammary Glandular Tumour, after three successive removals.* Lancet, July 28th, 1860, p. 81.

JOHN ADAMS.—*Mammary Glandular and Sero-cystic Tumour.* Lancet, July 28th, 1860, p. 81.

Prof. FERGUSSON.—*Mammary Glandular Tumour, with a Preponderance of Fibrous Tissue, commencing at fourteen years of age.* Lancet, July 28th, 1860, p. 82.

Prof. FERGUSSON.—*Cancer of the Breast; Removal of the Gland; Recovery.* Med. Circ., April 18th, 1860, p. 257.

JOHN ADAMS.—*Large Mammary Adenocele, with Cysts.* Med. Times and Gaz., March 10th, 1860, p. 234.

LOTZBECK.—*General Hypertrophy of the Mammary Gland, with unusually large amount of Fat in its Secretion.* Wien. Wohnschr., 1859, 10. Schmidt, vol. 106, p. 51.

M. H. COLLIS.—*On Cancer of the Breast.* Dub. Med. Pr., March 14th, 1860, p. 215.

Report on Operations for the Removal of Tumour in the Breast. Med. Times and Gaz., May 12th, 1860, p. 473.

Brief particulars of twenty-seven cases, in which operations for the removal of tumours from the breast were performed in the provincial English hospitals, are recorded; of these, twenty-two were cases of scirrhus, two of encephaloid, three of chronic mammary tumour or adenocele.

Prof. FERGUSSON.—*Scirrhus of Breast; Removal.* Med. Times and Gaz., May 19th, 1860, p. 495.

DISEASES OF PREGNANCY AND CHILDBED.

GENERAL.

Dr. TANNER.—*On the Signs and Diseases of Pregnancy.* 8vo, Lond., 1860, pp. 504, Renshaw.

This work contains a concise account of the present state of knowledge in all that relates to the signs and diseases of pregnancy. The author considers successively;—physiological and other questions relating to pregnancy; the signs and symptoms of pregnancy; the diseases which simulate pregnancy; the duration of pregnancy; the premature expulsion of the fœtus; the examination of substances expelled from the uterus; extra-uterine gestation; superfœtation; diseases which may coexist with pregnancy, and their reciprocal influence; sympathetic disorders of pregnancy; diseases of the urinary and generative organs during pregnancy; and displacements of the gravid uterus. The work contains details of numerous cases observed by the author, illustrative of the several questions discussed.

GUILLOT.—*Hypertrophy of the Thyroid Gland in Pregnant Women.* Arch. Gén., Nov., 1860.

The author relates two cases in which the thyroid gland attained a very large size during pregnancy, and in both cases the patients succumbed. He has observed an enlargement similar in kind, but not so great in degree, in other women, and thinks it highly probable that the connection between such hypertrophy and the presence of pregnancy will be established. In both the cases recorded there was no other cause to assign for the enlargement.

PAUL.—*On the Influence of Lead-poisoning on Conception.* Archiv. Gén., May, 1860.

Paul shows, by a series of observations (on eighty-one cases), that lead-poisoning has an important influence in promoting a tendency to abortion. The effects were menorrhagia after the menses have become suppressed in cases where there was reason to believe pregnancy was present; abortions or miscarriages from the third to the sixth month; premature deliveries, children being born dead or dying; high mortality in children during the first three years of life. Thus four women, subjects of lead-poisoning (printing-type polishers), had collectively fifteen pregnancies, out of which there were ten abortions, two premature deliveries, one stillbirth, one child dead in twenty-four hours, only one living. Other series of observations show the alteration from unfavorable to favorable pregnancies on the abandonment of the employment. From a series of seven observations, it appears that a similar deleterious influence may proceed from the father when the latter is a worker in lead.

SPECIAL.

Obstinate Vomiting in Pregnancy, &c.

PÉTREQUIN.—*On Obstinate Vomiting in Pregnancy.* Gaz. Hôp., April 3d, 1860.

A case is related by Pétrequin in which the mineral waters of Condillac were successful in restraining the vomiting, after other measures had been ineffectually used.

CARADEC and G. RICHELOT, L'Union, 40; BAUDOT and DUFOR, L'Union, 46, 1860.—*On Obstinate Vomiting in Pregnancy.* Schmidt, vol. 107, p. 311.

LÉOTAUD.—*Hernia Umbilicalis, containing the Pregnant Uterus.* Gaz. Hôp., 1859, 105. Schmidt, vol. 108, p. 196.

Puerperal Fever.

SILBERSCHMIDT.—*Historical and Critical Review of the Pathology of Childbed Fever.* (Prize Essay.) Erlangen, 1859. Enke, 8vo, pp. 131. Schmidt, vol. 106, p. 353.

An account of the various theories regarding the nature and pathology of childbed fever put forth since the days of Hippocrates.

PIPPINGSKŒLD.—*On Puerperal Fever, from observations at the General Hospital, Helsingfors.* Mon. f. Geb., March and April, 1860, p. 296.

Twice in the year 1858 the disease occurred in the hospital—first at the end of June, when the hospital, only intended for ten, contained fourteen puerperal women. In October the disease was again observed, but first in the town.

GIORDANO.—*Puerperal Fever observed in the Obstetric Clinic.* Turin, 8vo, 1859, pp. 155.

KERSCHENSTEINER.—*Observations in Pfeuffer's Clinic at Munich: Puerperal Fever.* Ztsch. f. Rat. Med., vol. v, 2, 3, 1859. Canst., vol. iv, p. 446.

This report refers to twenty-four cases of puerperal fever observed in the hospital at Munich; of these sixteen died. In all cases the uterine mucous membrane presented an offensive, discoloured, diphtheritic covering. The character of the fever was mostly pyæmic. In the treatment free admission of air and vaginal injections were considered important. None of the special therapeutic agents employed appear to have proved decidedly and universally beneficial.

HEISS.—*Aphoristic Remarks on Childbed Fever.* Aerzt. Intell. Bl. Bayer, 7, 1859. Canst., vol. iv, p. 446.

SCHULTEN.—*On Contagious Puerperal Diseases.* Virch. Arch., xvii, 3 and 4, 1859. Canst., vol. iv, p. 446.

Prof. FAYE.—*On the Diagnosis and Treatment of Puerperal Fever.* Norsk Mag. f. Laegev., 12 and 13, 1859. Canst., vol. iv, p. 446.

Faye considers puerperal fever to be a general disease, originating in infection, and impressed with a peculiar character, in consequence of the peculiar condition of the blood present during the puerperal state.

BUHL.—*The Pathological Anatomy of Childbed Fever.* Aerzt. Intell. Bl. Bay., 14, 1859. Canst., vol. iv, p. 446.

VON FRANQUE.—*On a Puerperal Epidemic at the Wurzburg Obstetrical Establishment.* Scanz. Beit., vol. iv, p. 238. Med. Times and Gaz., July 14th, 1860, p. 38.

Of ninety-nine women delivered during February, March, and April, 1859, at the Wurzburg establishment, thirty were attacked by puerperal fever, and nine of these died.

HERMAN.—*Epidemics of Puerperal Fever observed at the Lying-in-Hospital at Berne.* Schweiz. Mon. Sch., 1859. Schmidt, vol. 107, p. 195.

These observations refer to three epidemics in the years 1839, 1849, and 1858. The disease was prevalent in the town and neighbourhood during the time of the first epidemic. Several circumstances proved that in all three epidemies a specific miasma was generated in the hospital.

MARTINENQ.—*On Puerperal Fever.* 8vo, Paris, 1860.

A summary is here given of the views of each of the speakers in the great puerperal fever discussion at the Academy of Medicine in Paris in 1858.

Dr. ED. COPEMAN.—*Illustrations of Puerperal Fever.* Lond., 1860, Churchill, pp. 137.

The author's experience of puerperal fever leads him to consider turpentine as the "sheet-anchor" in the treatment of the disease; and he states that his practice, in which turpentine was employed, has been more successful than any that has yet appeared before the profession.

Dr. GIBB.—*Pelvic Cellulitis after a First Pregnancy, followed by Suppuration of the Back and Front Parts of the Vagina; Recovery.* Obst. Trans., vol. ii, p. 324.

Puerperal Convulsions.

KRASSNIG.—*On Eclampsia during Pregnancy, Labour, and Childbed.* Spitals Ztg., 1859, 17–24. Schmidt, vol. 107, p. 312.

The author relates the particulars of nineteen cases of eclampsia which occurred in 1857 and 1858, in the Clinic of Braun, at Vienna. The paroxysms began in ten cases during the dilatation period, in one during turning, in five during childbed. Of the latter, three occurred during the first, one in the second, and one in the eighth week.

The number of paroxysms varied from one to eighty-one; they were most numerous in the cases of convulsions during childbed. The duration of each paroxysm was from one to three minutes; only one lasted ten minutes. In six there were premonitory symptoms—intellectual aberrations, restlessness, vomiting, disturbances of the senses, pains in the loins. In all cases save one there was reason for believing that Bright's disease was present. In three cases—respectively four weeks, four days, and one hour before the convulsions occurred—this diagnosis was made out. In ten cases there was œdema, mostly of the lower extremities and the face. In the case where eighty-one attacks were observed, there was no œdema; in another case, with sixty paroxysms, no albumen was found to be present in the urine.

The results were, that seven out of sixteen women recovered, nine died; of the seven who recovered four were attacked during labour, and three afterwards. Convalescence was rapid in these cases; after an interval of from four to fourteen days the albumen and casts were no longer present. In the fatal cases death took place during the convulsions in two, in a state of sopor in five, and from secondary puerperal diseases in two. The attacks were most severe and most numerous in the fatal cases. The post-mortem appearances in the nine cases were—anæmia and watery condition of the brain, six times; hyperæmia, once; intermeningeal apoplexy, once; normal condition of brain, once; hyperæmia and inflammatory exudation in the kidneys in three cases, fatty degeneration in four, atrophy in one case; in one case no morbid change. In four cases there was œdema of lungs; in two, puerperal peritonitis; in one, stenosis of one ureter; in one, tubercle of lungs.

As regards the children, the results were as follows:—In all save one (breech case) the presentation was cranial. Of eighteen children (twins twice), fifteen were born alive, three dead. In the ten cases where convulsions occurred first during the dilatation period, nine children were born alive and two dead. One of these deaths was due to craniotomy. In the other cases, when the convulsions occurred later, the children were born alive, the case of turning excepted.

As regards the treatment—in five cases venæsection was employed. Of these, three died; in one the attacks became more violent after its use; once venæsection and chloroform inhalation combined produced cessation of the attacks, and in one the attacks were rendered less severe by their means; not more than ten ounces of blood were drawn. Chloroform inhalation was employed in six cases; the duration and intensity of the attacks were lessened by its use; they were not unfrequently cut short by it if had recourse to when the attack was impending. In twelve cases opium was extensively used, and it was most advantageously given in large doses, so as at once to produce deep sleep. To promote diuresis lemon-juice, tartaric acid, and benzoic acid were administered. Cold applications to the head were used.

In the ten cases where the first attack occurred during the dilatation period the delivery was hastened—in four cases by introducing a flexible catheter; in one of these the colpeurynter was also used; in four the os uteri was dilated by the fingers; in one nothing of an analogous kind was done. In six the forceps were used; in one, perforation was performed; in one, turning, and in one the Cæsarean section.

ALF. LIEGARD.—*On Puerperal Eclampsia and its Treatment*, (Memoir crowned at the Concours of 1858.) Ann. de la Soc. Méd.-Chir. de Bruges, 1859. Canst., vol. iv, p. 445.

In this memoir twenty-eight cases are related. The author concludes, from a review of the whole, that venæsection is generally injurious; that the greatest reliance is to be placed on chloroform inhalation. He recommends the latter not merely during the attacks, but as a prophylactic.

Epileptiform Eclampsia in a Woman during the Puerperal State; Action of Sulphate of Quinine. Monit. des Hôp., 3, 1859. Canst., vol. iv, p. 445.

Dr. PIRRIE.—*Observations on the Treatment of Puerperal Eclampsia.* Dub. Quart. Journ., May, 1860, p. 461.

JOHN G. JOHNSON.—*Apoplectic Puerperal Convulsions; Recovery with Hemiplegia.* Am. Med. Times, Oct. 6th, 1860.

HARGIS.—*Eclampsia in a Primipara at the sixth month of Utero-gestation; Uterine Hæmorrhage; Contraction of the Pelvis; Cephalotomy; Metro-peritonitis; Recovery.* Am. Med.-Chir. Rev., Sept., 1860, p. 862.

REYMANN.—*Eclampsia Parturientium.* Preus. Ver. Ztg., 12, 1859. Canst., vol. iv, p. 463.

V. MADUROWITZ.—*On Uræmic Eclampsia; Obstetric Clinic of Braun, in Vienna.* Wien. Aerzt. Zeit., 33, 1859. Canst., vol. iv, p. 445.

This report refers to nine cases observed during the year 1858. In all the cases symptoms of Bright's disease were present; four died.

HOFFMANN.—*Case of Eclampsia Parturientium.* Mon. f. Geb., March, 1859. Canst., vol. iv, p. 444.

CHAS. A. LEE.—*Case of Puerperal Convulsions from Albuminuria, in which Chloroform was successfully used; with Remarks.* Am. Journ. Med., July, 1860, p. 275.

CANDY.—*Case of Puerperal Convulsions in a Primipara; Recovery.* Med. Times and Gaz., Sept. 15th, 1860, p. 254.

Dr. ALLEN.—*Puerperal Convulsions in a Primipara; subsequent Peritonitis; Recovery.* Med. Times and Gaz., Oct. 20th, 1860, p. 374.

Dr. CORRY.—*Case of Epileptic Puerperal Convulsions.* Dub. Hosp. Gaz., Aug. 1st, 1860, p. 235.

Dr. HARDY.—*Puerperal Convulsions occurring in the Seventh Month of Pregnancy.* Dub. Hosp. Gaz., May 1st, 1860, p. 131.

GYOUX.—*Eclampsia during Labour; application of Forceps; Pneumonia; Meningitis; Death.* Gaz. Hôp., Sept. 27th, 1860.

Chloroform was used.

HAMON.—*On a very severe case of Eclampsia, in which the operation of Embryotomy was necessary.* Gaz. Hôp., Feb. 21st, 1860.

LABALBARY.—*Puerperal Eclampsia cured by Compression of the Carotids.* Gaz. Hôp., Sept. 15th, 1860.

BONIFAS.—*Eclampsia; Labour abandoned to Nature; Puerperal Mania; Cure.* Gaz. Hôp., Sept. 22d, 1860.

Puerperal Mania.

Prof. SIMPSON.—*On Puerperal Mania, its Prognosis and Treatment; Puerperal Hypochondriasis.* Med. Times and Gaz., Sept. 1st, Nov. 10th, Dec. 8th, 1860.

In the prognosis of puerperal mania, rapidity of the pulse is of unfavorable omen; the prognosis, as regards the termination of the insanity, is more uncertain. The author disapproves of bleeding at the outset, but vascular sedatives—antimony, or ipecacuanha, or aconite—may be given. Camphor, as a nervous sedative, may be useful; opium is useful in some cases, in others of no avail. When given, large doses—two to three grains—must be employed, the object being to produce sleep at once. Chloroform or ether produces sleep of a curative character in some cases. Depurants are to be employed at the onset when the stomach is overloaded; when the disease has become established, it is of great importance to nourish the patient well. Under the name "puerperal hypochondriasis" the author describes a morbidly depressed state of mind which is sometimes met with in practice weeks or months after delivery. In reference to the etiology of the disease, albuminuria was found to be present at the commencement, and to recur contemporaneously with subsequent attacks of insanity.

Phlegmasia Dolens, Puerperal Thromboses, &c.

Dr. TILBURY FOX.—*On Phlegmasia Dolens.* Obst. Trans., vol. ii, p. 201.

Tilbury Fox contends that the general prevailing opinion, that phlegmasia dolens is a disease dependent upon inflammatory change, is too limited. Phlegmasia dolens may occur—1, as the sole local disease, as after abortion, &c.; 2, as part of a general disease—(*a*) either of virus origin, *e.g.* puerperal fever, &c., (*b*) or abnormal nutrition, *ex.*, cancer, phthisis; 3, as complicating other local diseases, *e.g.* iliac abscess, &c. Its evolution depends on the existence of obstructive disease in both veins and lymphatics, the *causes* of the obstruction being extrinsic or intrinsic as regards the vessels. The *extrinsic* causes are comprised under the head of pressure from without. The *intrinsic*, all producing coagulation, are—1, true phlebitis, conjoined with angeioleucitis; 2, thrombosis; 3, a mixture of these two; 4, preternatural coagulability of the blood, doubtful (merely a favorable condition). The main point insisted on is, that in phlegmasia dolens there is, in most cases, a pure thrombus, produced by sudden absorption of morbid fluid, the (compensating) effect of sudden loss. In phlegmasia dolens the lymphatics as well as the veins are involved.

Dr. TILBURY FOX.—*On the Pathological Lesion of Phlegmasia Dolens.* Obst. Trans., vol. ii, p. 222.

Tilbury Fox states that the presence of fibrinous serosity in (with more or less hypertrophy of) the fibro-cellular tissue is the essential, the sufficient, pathological lesion of phlegmasia dolens. Inflammation, abscess, and sloughing, he regards as the eliminative act to rid the system of some blood-poison; the latter may produce lymphatic and venous obstruction, and hence phlegmasia dolens, which in these cases is a local complication of the general disease. Hence there are two classes of cases—(*a*) the complicated, (*b*) the uncomplicated. In the former the phlegmasia dolens is only *part* of a *general* disease, in the latter it is the *whole* disease and a *local* one. The lymphatics, besides having other offices, keep the balance of nutrition of the cellular tissue correct; their obstruction is followed by retention of fibrine, &c., *i.e.* the excess of pabulum is not removed.

PAULSEN.—*Puerperal Thromboses; Sudden Death; Embolia of the Pulmonary Arteries.* Hosp. Tidende, 1859, No. 40. Schmidt, vol. 108, p. 328.

Dr. R. UVEDALE WEST.—*Case of Sudden Apoplectiform Seizure terminating fatally in thirty-five hours on the sixth day of lying-in.* Obst. Trans., vol. ii, p. 276.

LABORIE.—*History of Thrombus of the Vulva and Vagina, particularly after Labour, &c.* Arch. Gén., December, 1860.

NEW INSTRUMENTS.

PLOSS.—*On some Expedients in Vaginal Inspection.* Mon. f. Geb., April, 1859. Schmidt, vol. 107, p. 186.

Ploss states that the reflecting surface of the speculum in ordinary use does little towards throwing the light where it is actually required. He prefers a dark, glass speculum, which is not open to this objection: he employs with the speculum a lens. In cases where the vagina has an unusual shape or direction, or where the vaginal portion of the uterus is of such a form as to interfere with the use of the ordinary speculum, Ploss uses a gutta-percha tube, the shape of the extremity of which can, by means of hot water, be adapted to the particular requirements of the case.

VENOT.—*Davanseaux's "Irrigateur-obturateur Vaginal."* Journ. de Bord., Sept., 1859. Schmidt, vol. 105, p. 57.

In this instrument an elliptic plate closes the entrance of the vagina, and prevents the escape of the fluid, which is injected through an aperture in the plate by means of a caoutchouc ball, capable of holding about 250 grammes of fluid. The use of this instrument ensures the contact of the fluid with the whole vaginal surface and with the vaginal portion of the uterus.

PART III.—DISEASES OF CHILDREN.

A. GENERAL.

GENERAL TREATISES; HYGIENICS; FEEDING; STATISTICS.

Prof. v. SIEBOLD.—*On the Proportions of Weight and Length of New-born Children; on the Diminution of their Weight during the first days, and the Increase of the same in the first week after Delivery.* Mon. f. Geb., May, 1860, p. 337.

ROGER.—*On the Closure of the Anterior Fontanelle.* L'Union, 1859, No. 140: Med. Times and Gaz., April 21st, 1860, p. 402.

Roger examined the heads of 300 children, and found that the period of closure (clinically) of the anterior fontanelle is comprised between fifteen months and the age of three and a half years. The usual period is between the second and third year. Rickets and hydrocephalus retard the closure.

LEDERER.—*On some sources of the Marasmus of Children in Early Childhood.* Wien. Wohnschr., 35, 36, 1859. Schmidt, vol. 105, p. 203.

LŒSCHNER.—*On the Progressive Algidity, Sclerema, and so-called Infantile Decrepitude of Children.* Jahrb. f. Kind., 1859, 3, 91. Schmidt, vol. 105, p. 321.

The author has observed sixteen cases in which the condition described by Hervieux as "algidité progressive" was present in infants between the ages of six and twenty-six months. He believes this condition to mark a symptom which may accompany certain diseased processes in children up to the age of two, probably three years, mostly during the first fifteen months. It is produced by disturbances of the processes subservient to nutrition or of the organs of respiration and circulation.

THOMAS BALLARD.—*A New and Rational Explanation of the Diseases peculiar to Infants and Mothers; with Obvious Suggestions for their Prevention or Cure.* 8vo, London, 1860, Churchill, pp. 128.

Mr. Ballard believes that "fruitless sucking" is the cause of many ailments in infancy which are commonly ascribed to teething; and that it is the principal, if not the chief, cause of all the diseases of infancy in which we can recognise a failure of the processes of growth and nutrition. The excitation of the nerves of taste produces, according to Brown-Séquard, "an abundant reflex secretion of gastric juice, and also a flow of bile and pancreatic juice in the bowels." The act of sucking is, Mr. Ballard remarks, *par excellence* the mode to induce this excitation, and it is obvious that these juices must be secreted abundantly during the exercise of this act. When the sucking is fruitless, the gastric juice is still secreted; but, having no food to exercise its solvent action upon, it acts on the mucous coat of the stomach and intestines, causing various degrees of injury, and giving rise to most of the diseases of infancy. The effect of fruitless sucking is not less injurious, it is contended, on the puerperal woman, giving rise to mammary abscess, puerperal fevers, &c.

In the second part of the work the author puts forward a new theory on "light, the only cause of purulent ophthalmia in infants." The explanations usually given of the occurrence of purulent ophthalmia in infants are unsatisfactory; and he finds that, in the majority of the cases observed by him there was a cause in operation in all not before alluded to, namely, "the exposure of the infant to the light while sleeping in the daytime." The theory thus broached is supported, as is also the one relating to the effects of fruitless sucking, by very numerous observations of cases which have occurred in the author's practice.

BRÜNNICHE.—*On Mortality and Diseases in Children, as influenced by Sex and Age.* Journ. f. Kind., 1859, 11 and 12, p. 323.

MAYR.—*On the Examination and Semeiology of the Sick Child.* Jahrb. f. Kind., 1859, 3.

HENNIG.—*Text-book of the Diseases of Children at Various Ages.* 2d ed., Leipzig and Heidelberg, 1859, 8vo, pp. 473.

ATHOL JOHNSON.—*On an Injurious Habit occasionally met with in Infancy and Childhood.* Lancet, April 7th, 1860, p. 344.

Athol Johnson records a case in which onanism was practised to a most injurious extent by a boy, æt. 6. The sense of hearing was affected. The author, after trying other measures without effect, removed a piece of the foreskin; the result was beneficial.

Dr. Wilks.—*On some Diseases of Children.* Guy's Hosp. Rep., 1860, p. 97.

This paper contains an account of eighty-two cases, chiefly those of children; forty of these are cases of disease of the brain, five were cases of croup, two of laryngitis, four cases of tracheotomy, two of œdema of the glottis; also some cases of hooping-cough, pneumonia, &c., and nine cases illustrative of the cause of death from burns and scalds. Observations on the pathology of the several diseases illustrated by the cases are appended.

Dr. Gairdner.—*On Infantile Mortality, as illustrated by Private Practice, with Suggestions for future Inquiries.* Edinb. Med. Journ., Nov., 1860, p. 437.

Gairdner's inquiries have the purpose of eliciting information as to the actual mortality of children during the first year of life in general practice, and with this view he has collected reliable information from practitioners residing in several country and town districts in Scotland.

The general result was, that in the country 8.08 per cent., and in the town 7.14 per cent., died under one year old; from which the author infers that the towns owe their very high rate of infantile mortality, as compared with the country districts, to the influence of the lowest and most neglected class.

Dr. W. J. Marshall.—*Remarks upon the Birth-rate as affecting the Proportion of Deaths under Two Years of Age.* Edinb. Med. Journ., Oct. and Nov., 1860, pp. 332, 421.

Bentzen.—*On the Mortality of the First Year of Life.* Ugesk. for Laegev, xxviii, 441. Schmidt, vol. 108, p. 53.

Minchin.—*Observations on the Mortality of Infants born in Workhouses.* Dubl. Quart., Feb., 1860, p. 70.

Blumenthal.—*On the Mortality of Infants in the Moscow Foundling Hospital.* Med. Zeit. Russ., 1859, No. 30, 31. Med. Times and Gaz., July 21st, 1860, p. 63.

Blumenthal states that the mortality is favoured:—1. By the miserable condition of the infants, produced by the neglect to which they have been subjected previous to admission, and the long distances from which they are brought. Thus, of 11,762 admitted in 1856, 1921 were doomed to speedy death, independently of hospital causes. 2. By the occasional deficiency of nurses. Artificial feeding, performed with the greatest care, does not prevent the infants from sinking under diarrhœa, atrophy, &c. 3. By the change of nurses, which it appears is unavoidable. 4. By the generation of disease in consequence of the conglomeration of individuals, and especially of individuals of foreign and varied origin. 5. By overcrowding, the number of admissions having very largely increased of late years. 6. Epidemics appear to exercise very little influence on infants at the breast; but the author believes that epidemic visitations have an indirect influence by the injurious effect they exert on the mother during pregnancy.

The mortality has varied during the last thirty years from 15.42 to 32.09 per cent. The mortality has never been in an exact proportion to the amount of disease, the year with a low mortality showing a high per-centage of disease.

ANDREW COMBE and SIR JAMES CLARK.—*The Management of Infancy, Physiological and Moral, intended chiefly for the use of Parents.* 9th ed., Edinb., 1860, Maclachlan and Stewart, pp. 302.

This, the ninth edition of Combe's well-known work on the hygiene of childhood, has been revised and edited by Sir James Clark.

PHILOTHALOS.—*The Wife's Domain.* London, 1860, Churchill.

A series of familiar discourses delivered to poor women, attending as patients at a small establishment devoted to the relief of children's and maternal diseases.

PYE HENRY CHAVASSE.—*Advice to a Mother on the Management of her Offspring.* 5th ed., 12mo, Lond., 1860, Churchill.

This edition is much enlarged, greatly improved, and the price reduced.

DESCHAMPS.—*On Alimentation during Infancy, and Rachitism.* Thèse. Paris, 1859.

STEINBERGER.—*On the Formation of the Milk Teeth, and the Symptoms attending their Appearance.* Jahrb. f. Kind., 1859, 2.

ANDRIEN.—*Treatment of Diarrhœa in Children, and particularly by a Milk Diet and the Pulp of Raw Meat.* Thèse. Paris, 1859.

SCHARLAU.—*A Substitute for Human Milk.* Illustrirten Ztg., 1860, No. 863, p. 27. Schmidt, vol. 106, p. 196.

DR. ROUTH.—*Infant Feeding, and its Influence on Life; or, the Causes, and Prevention of Infant Mortality.* London, Churchill, 1860, pp. 378.

In Part I of this work the question of mortality in infants of tender age is discussed, and statistics are adduced; the mortality in foundling hospitals, and the causes of the same, are pointed out. The latter are chiefly the recumbent position and want of exercise and breast-milk. In Part II are considered, the advantages of breast-milk in ensuring life and good development, the question of wet-nursing, the evil effects of the practice of employing wet-nurses from among fallen women, the qualifications of a wet-nurse to be selected, the danger of dry-nursing. In Part III, the causes of the mortality in infancy are considered, the true principle of alimentation laid down, and the respective advantages of the several substitutes for human milk examined. Part IV is chiefly devoted to the question of the treatment of defective lactation; and the treatment and nature of defective assimilation in the infant are again considered.

MRS. M. A. BAINES.—*The Comparative Properties of Human and Animal Milks; a new Theory as to Essences, and a new interpretation of some Physiological Facts.* 8vo, Lond., Churchill, 1860, pp. 31.

The chief object of this paper is to show that cow's milk, unless mixed with farinaceous substances, is unfit food for infants in cases where the mother's milk is not obtainable; also to show that the milk of one woman is unfit nourishment for the child of another.

CUMMING.—*Food for Babes; or, Artificial Human Milk, and the manner of preparing it and administering it to Young Children.* New York, 1860, pp. 100, Randolph.

LE BARILLIER.—*Practical Essay on Hygiene, and on the Diseases of Childhood.* Paris and Bordeaux, 1859, pp. 274.

GUIET.—*Advice to Mothers; or, the Hygiene of the New-born and Nursling.* Le Mans, 1859.

WERTHEIMER.—*Dietetics of the Newly-born and the Nursling.* Munich, 1860, pp. 118.

H. MAY.—*On the Nourishing of New-born Children.* Inaug. Diss. Munich, 1859, 8vo, pp. 36. Schmidt, vol. 108, p. 269.

BRÜNNICHE.—*On the use of Sedatives, especially Morphia, for Children.* Journ. f. Kind., 1859, Nov. and Dec. Schmidt, vol. 108, p. 330.

Morphia is especially indicated in convulsions, croup, &c., in reference to its action on the nervous element in these diseases. The author confirms Edward Smith's opinion as to the value of morphia in small doses for hooping-cough.

BOINET.—*On the use of Food containing Iodine.* Preuss. Ver. Ztg., 1859, 131.

LUZSINSKY.—*Third and Fourth Annual Reports of the Public Institution for Sick Children in Vienna.* Jour. f. Kind., 1859, 3 and 4, and 9 and 10.

BEREND.—*Ninth Report of the Gymnastic Orthopædic Institution at Berlin.* 1859.

The Twenty-second and Twenty-third Annual Reports of the Children's Hospital at St. Petersburg, from January 1, 1856, *to January* 1, 1858. Journ. f. Kind., 1859, 5 and 6, p. 421.

Twelfth Annual Report of the Hauner Children's Hospital, Munich. Jour. f. Kind., 1859, 7 and 8, p. 101.

STIEBEL.—*Fourteenth and Fifteenth Reports of the Christ's Hospital for Children at Frankfort-on-the-Maine, for* 1857-58. Journ. f. Kind., 1859, 7 and 8, p. 103.

WILDBERGER.—*Third Report of the Orthopædic Institution in Bamberg.* Bamberg, 1859. Journ. f. Kind., 1859, 7 and 8, p. 104.

SPECIAL TREATISES.

DISEASES OF BRAIN, SPINAL CORD, AND ORGANS OF THE SENSES.

Dr. JENNER.—*Case of Acute Tubercular Meningitis.* Med. Times and Gaz., Nov. 24th, 1860, p. 504. *Case of Chronic Tubercular Meningitis.* Ib., p. 505.

Dr. CHARLES WEST.—*On the Mental Peculiarities and Mental Disorders of Childhood. A Lecture delivered at the Hospital for Sick Children.* Med. Times and Gaz., Feb. 11th, 1860, p. 133.

West calls attention to the hitherto somewhat neglected field of study presented by diseased conditions of the mind in childhood. The mental peculiarities of children are first discussed, and the peculiar tendency to *moral* perversion in the case of children is pointed out. A disposition to exaggeration of existing ailments, or to feigning of such as have no existence, is not uncommonly observed. Cases are then detailed in illustration of the author's views.

BIERBAUM.—*The Paralyses of Children.* Journ. f. Kind., 1859, 1 and 2, p. 18.

Bierbaum divides the paralyses of children into two varieties—the idiopathic and the symptomatic. The history and character, diagnosis, &c., of these affections are very fully discussed, and numerous illustrative cases related.

The distinctions between the two forms are laid down as follows:

The symptomatic paralyses always depend on functional or organic disturbance of the brain or cord. In the idiopathic form the nervous centres are free and unaltered. The intelligence, consciousness, and functions of the senses are disturbed in the symptomatic, but not in the idiopathic form. Almost always the bladder and rectum are affected, producing constipation and retention of urine or enuresis in the symptomatic, not in the other, form. Muscular atrophy is never absent in case of idiopathic paralysis, and this is combined with deformity, which is not the case in symptomatic paralysis. In symptomatic paralysis limitation of the affection to one muscle, or one single group of muscles, is never noticed.

EULENBERG.—*On the Essential Paralysis of Children.* Virch. Arch., 1859, 177. Schmidt, vol. 107, p. 55.

HAHN.—*On Chronic Hydrocephalus, and on a New Method of Puncturing the same.* Berlin, 1859. Canst., vol. iv, p. 384.

The method of puncture is that of Langenbeck. A trochar and canula are thrust through the upper border of the orbit, and into the enlarged anterior cornu of the lateral ventricle. By this plan no large arteries or veins, and no important part of the brain, are injured. No air enters, which is another advantage. A case in which this method was had recourse to ended fatally.

ROUX fils (de Brignoles).—*On Compression and Puncture in Chronic Hydrocephalus.* Monit. des Sc. Méd., 1859, No. 23. Canst., vol. iv, p. 384.

The author relates two cases. In the first, that of a boy ten months old, a cure was effected by compression of the head by means of strips of adhesive plaister. Calomel was given at the same time. In a second case the head was punctured; the child, æt. 11 months, died two days afterwards.

Prof. TROUSSEAU.—*On Cerebral Fever in Children.* Clin. Europ., 7, 1859. Canst., vol. iv, p. 384.

LENSING.—*On Tubercular Meningitis.* Berlin, 1859.

LUND.—*Chronic Hydrocephalus.* Journ. f. Kind., 1859, 1 and 2.

BOUCHUT.—*On Cysticerci in the Brain in Children.* Journ. f. Kind., 1859, 9 and 10.

Two cases are related. In the first, a girl, æt. 6, died apparently from typhus, but after death cysticerci were found in the brain, and purulent exudation over the meninges. The single cerebral symptom present was persistent vomiting. In the second case, a girl, æt. 10, who came into the hospital with chorea, died after an attack of scarlet fever, and here also cysticerci were found in the brain. In both cases the cerebral condition was not diagnosticated. The chorea in the latter case was a peculiar hemiplegic form.

STELLWAG VON CARION.—*On the Treatment of Ophthalmia Neonatorum, &c.* Jahrb. f. Kind., vol. i, 1859. Canst., vol. iv, p. 384.

In cases attended with much swelling and inflammation, a compress carefully applied over the eye is recommended. A lotion containing nitrate of silver (five to ten grains to the ounce) is at the same time used.

ORGANS OF RESPIRATION.

BREISKY.—*Observations on Stillborn Children.* Prag. Viertel., 1859, 175. Schmidt, vol. 106, p. 193.

Five cases are here related. In Case 1 the cord was prolapsed and pulseless, and the inner part of the trachea, the bronchi and their ramifications, were filled with a thinnish, yellow-brown fluid, which under the microscope showed particles of meconium, with numerous epithelial cells and cholesterine. The liquor amnii had been aspired. In Case 2 meconium was found in the air-passages. In Case 3 meconium was also found in the air-passages, and there were dropsical effusions into the serous cavities, inter-meningeal extravasation, and slight laceration of the left tentorium cerebelli. In Case 4 the pelvis of the mother was contracted; delivery natural, after thirteen hours' labour; laceration of the left tentorium cerebelli and transverse sinus; inter-meningeal hæmorrhage; meconium in the air-passages. On these four cases the author remarks that the first two were cases of what Schwartz designates as "asphyktische intoxikation," whilst in the other two, besides the injuries described, and which in themselves were perhaps fatal, there was probably also a simultaneous asphyxial condition present. In a fifth case the child died a quarter of an hour after birth, after a few imperfect respiratory efforts: the diaphragm on the left side was imperfectly formed, there being a large opening through which the pleural and abdominal cavities freely communicated.

HECKER.—*On Intra-uterine Emphysema of the Lungs.* Virchow's Arch., 1859, 535. Schmidt, vol. 105, p. 319.

A very interesting and remarkable case of intra-uterine respiration.

T. GAILLARD THOMAS.—*Lecture on Suspended Fœtal Animation.* N. Y. Jour. Med., May, 1860, p. 355.

The *causes* of suspended fœtal animation are—1. Asphyxia. 2. Syncope. 3. Cerebral congestion. 4. Apoplexy. When asphyxia is present, the Marshall-Hall method of treatment is strongly recommended; and a case is cited in which a stillborn child was recovered after an interval of upwards of fifteen minutes. If the heart, after fifteen to thirty minutes, does not act, there are no reasonable grounds for hope of recovery; but should the heart act ever so feebly, this limitation of time does not hold good. In *asphyxia,* the face is dusky, the lips purple and pouting, the eyes glassy, the limbs not flaccid. In *syncope,* there are paleness, flaccidity of the limbs, and a sunken, cadaverous hue of the face. In this case, also, respiration is to be induced, the cord not to be separated, and the blood to be pressed into the child's body from it. In *cerebral* congestion, the face is blackened and congested, the head swollen. The treatment is to let blood flow from the severed cord, to establish respiration, and, as in asphyxia, to avoid the warm bath. Cases of *apoplexy* are rare.

S. Prall.—*The Marshall-Hall Method of Treatment in Asphyxia (Neonatorum).* Lancet, Nov. 3d, 1860, p. 446.

In Prall's case, the Marshall-Hall method is stated to have been the means by which resuscitation was effected after an interval of twenty-five minutes.

Keyt.—*The Mouth to Mouth* versus *the Marshall-Hall Method in Asphyxia Neonatorum.* Cincinnati Lancet and Obs., Jan., 1860. Am. Med.-Chir. Rev., March, 1860, p. 332.

Keyt states that the case of the new-born child is not quite parallel with that of the adult, and that he has found the old method successful in cases where the "Ready Method" had been employed with negative results.

A. Vogel.—*On the Physical Examination of the Lungs in Children.* Jahrb. f. Kind., vol. i, part 2, p. 87. Schmidt, vol. 106, p. 311.

Freund.—*The Connection between certain Affections of the Lungs and primary Anomalies of the Rib-cartilages.* Erlangen, 1859. Canst., vol. iv, p. 392.

Dr. Moore.—*Affections of the Chest in Children. Sub-acute Idiopathic Pleurisy, with Effusion; Variety in Vicarious Means of Removing the same; Treatment.* Dub. Hosp. Gaz., May 15th, 1860, p. 148.

Dr. Moore.—*Affections of the Chest in Early Life; Phthisis Pulmonalis; Prognostic Value of Hæmoptysis.* Dub. Hosp. Gaz., Sep. 15th, 1860, p. 275.

J. Lewis Smith.—*Report of Cases of Infantile Affections; with Remarks.* N. Y. Journ. Med., May, 1860, p. 345.

Chabrely.—*Observations on the Idiopathic Coryza of New-born Infants, and especially on the Syphilitic Coryza and the flat Mucous Pustules of Sucklings and Nurses.* Journ. f. Kind., 1859, 5 and 6 (from Journ. de Méd. de Bordeaux).

C. Hennig.—*Enlargement and Tuberculosis of the Bronchial Glands.* Jahrb. f. Kind., 1859, p. 19. Schmidt, vol. 107, p. 63.

Geo. S. Brent.—*On Fatal Effects arising from Enlargement of the Thymus Gland in Children.* Lancet, Sept. 8th, 1860, p. 236.

Brent records a case of death in a child two and a half years old, which took place suddenly after "two convulsive fits." The thymus gland weighed one ounce and a quarter. The other organs were perfectly healthy. Death was attributed to the enlargement of the thymus, which produced irritation of the recurrent nerves and spasmodic closure of the glottis.

Clar.—*Observations on Anomalies of the Thymus.* Jahrb. f. Kind., 1859, 3, p. 106. Canst., vol. iv, p. 392.

Clar reports eight cases of anomalies of the thymus. Enlargement of this organ plays an important part, according to him, in giving rise, singly or combined with diseases of other parts, to fatal or dangerous results in infancy and early life.

Friedleben.—*On Thymic Asthma.* Arch. f. Phys. Heilk., 1859, p. 326. Schmidt, vol. 105, p. 323.

Friedleben, who denies the existence of the disease called "thymic asthma," here subjects three cases, reported as cases of thymic asthma by Schottin (see 'Year Book' for 1859, p. 400), to a critical analysis. In reference to the first case, Friedleben denies that the thymus was enlarged, and admitting enlargement to have been present, he denies the possibility of its producing pressure on the neighbouring organs. Further, supposing such pressure possible, a "mechanical" irritation of the recurrent nerve could not be thought of. The "laryngismus" which Schottin describes as having been present in his first case did not possess, Friedleben observes, the chief phenomenon of laryngismus, viz., "apnœa." In the second case, recovery took place; therefore no data were obtainable as to the actual condition of parts; and in the third case there was not the slightest proof of the presence of any abnormal condition of the thymus.

Ploss remarks (Schmidt, vol. 105, p. 324), on the above criticism, that the observations therein made would also apply, but with still greater force, to the cases reported as cases of thymic asthma by Clar.

FRIEDLEBEN.—*Notes on the 'Observations concerning Anomalies of the Thymus,' by Prof. Clar, of Gratz.* Journ. f. Kind., 1859, 9 and 10, p. 172.

In the interests of physiology and practice, Friedleben expresses his opinion, opposed to that of Clar, that neither in its normal nor in its hypertrophied condition can the thymus give rise to laryngismus; there is no such a thing as thymic asthma. He criticises the deductions drawn by Clar from cases related by the latter, and points out that conditions described by Clar as anomalies are really not so.

STIEBEL.—*On Laryngeal Spasm. Lectures delivered at the Christ's Hospital for Children, Frankfort-on-the-Maine.* Journ. f. Kind., July and Aug., 1859, 6. Schmidt, vol. 105, p. 201.

JACOBI (New York).—*Lecture on Laryngismus Stridulus.* New York Journ. Med., Jan., 1860, p. 74.

The author follows Friedleben in believing that hypertrophy of the thymus has no influence in producing the disease, and hence that the name "thymic asthma" is incorrect. He is of opinion that the symptoms of the first stage of laryngismus cannot be explained except by a functional trouble, by paralysis, perhaps of the medulla oblongata alone, perhaps of the nervous centres together. Disturbances of the vagus and sympathetic nerves, such as may be produced by troubles of the alimentary canal, superabundance of food, presence of a large number of ascarides, obstinate constipation produced by vicious nutrition and consecutive torpor of the muscular layer of the intestinal canal, may give rise to laryngismus. Dentition is not of itself so productive of the disease as usually supposed. In a few cases congenital hypertrophy of the thyroid gland has appeared to produce the disease. Hood's theory of the dependence of laryngismus stridulus on hypertrophy of the liver he dismisses as utterly untenable. As regards *treatment* during the attack, the only indication is "the thorough irritation of the respiratory muscles." The treatment of the general disposition and cause of the affection is more important. The general health is to be attended to, and every source of irritation removed.

BETZ.—*On Emphysema Pulmonum, produced by Hooping-cough.* Mem. a. d. Praxis, 1859, iv, p. 7. Schmidt, vol. 107, p. 315.

WANNEBROUCQ.—*On Hooping-cough, and particularly on the Seat and Nature of that Affection.* Thèse, Paris, 1859.

Dr. FULLER.—*The successful Treatment of Hooping-cough by increasing doses of Sulphate of Zinc and Extract of Belladonna.* Rep. of Harv. Soc., Med. Times and Gaz., May 26th, 1860, p. 539.

Fuller treats hooping-cough by giving to children under three years old one-sixth of a grain of extract of belladonna, and half a grain of sulphate of zinc four times daily. The dose is to be increased daily, or on alternate days.

MOELLER.—*Hooping-cough. Report of the "Polyklinik."* Königsberg. Med. Jahrb., vol. i, p. 3.

Prof. SKODA.—*On Hooping-cough.* Allg. Wien. Med. Ztg., 1860, 1. Schmidt, vol. 107, p. 198.

VOSS.—*A Historical and Critical Examination of the Operation of Tracheotomy in Croup, with a Report of Fourteen Cases.* New York Journ. Med., Jan., 1860, p. 30.

After giving a short historical account of the operation of tracheotomy in croup, the author discusses the following questions:—As to the *propriety of the operation.* When suffocation is imminent, and all other means have failed to relieve the patient, tracheotomy affords the only chance of saving life, and certainly in all cases of pure laryngeal croup. As regards the complication of laryngeal croup with pneumonia, he is of opinion that only bilateral pneumonia would forbid the operation. In regard to the *time* of performing the operation, his rule is to operate when respiration has been rendered insufficient, as shown by the commencing asphyxia, provided this state is not relieved by an emetic. He has not employed chloroform during the operation till recently, but proposes to use it in future. In the operation itself, resolute coolness, rather than a peculiar dexterity, is necessary. Three assistants are necessary. The instruments invented for the purpose of opening the trachea are next described. The best tube is the double one of Dr. Borgellat. Pure glycerine is used to dress the wound, applied every three or four hours. The precautions to be taken after the operation are next alluded to. Particulars of fourteen cases operated on by the author are then detailed. Eight boys were operated on, of ages ranging from two and a half to four and one sixth years; of these two, aged respectively four and four and one sixth years, recovered, the other six died. There were six girls operated on, three of whom recovered, and three died.

FOCK.—*Report on Twenty-four cases of Tracheotomy in the last stage of Croup.* Deutsche Kl., 23, 24, 25, 1859. Canst., vol. iv, p. 391.

Of these twenty-four cases ten terminated favorably. The ages of the children varied from one and a quarter to nine years; fifteen were boys, nine girls. Fock's experience is, that the prognosis for the operation is most unfavorable where, from three to eight days previously, bronchial catarrh has been present, and croup symptoms have suddenly set in; the prognosis is more favorable in cases of simple croup. It is also more favorable in children with long, thin necks. Very close attendance after the operation is essential.

JAMES SPENCE.—*Cases of Tracheotomy in Croup, with Clinical Remarks.* Edinb. Med. Journ., Feb., 1860, p. 693.

Spence relates eight cases, which, with cases formerly reported, make together thirteen cases, in which tracheotomy was performed in croup; in all, the patients were "in extremis" from threatened suffocation. Six thirteenths were saved. Further experience has induced the author to become more and more favorable to the operation.

ISNARD.—*Five Cases of Croup; Four of Tracheotomy; successful in Two.* L'Union, 1859, 47.

ERBENMEYER.—*Case of Tracheotomy.* Preuss. Ver. Ztg., 1859, 13.

On Tracheotomy in Croup in Denmark. From Ugesk. for Laegev., vol. xxiv and xxv. Jour. f. Kind., 1859, 7 and 8, p. 26.

Dr. MACSWINEY.—*Report of the History and Post-mortem Appearances in a fatal Case of "Croup," in which the Operation of Opening the Windpipe was performed.* Dub. Hosp. Gaz., Dec. 1st, 1860, p. 355.

Dr. CONWAY EVANS.—*On Tracheotomy in Croup.* Edin. M. J., Jan., May, 1860.

FENNER.—*Tracheotomy in Croup.* Amer. Med.-Chir. Rev., Sept., 1860, p. 54.

Four cases of tracheotomy for croup are here recorded. All proved fatal, but in one case death took place twenty days after the operation. A case is also recorded of tracheotomy where the patient was affected with croupal symptoms; recovery followed.

SENDLER (Magdeburg).—*Tracheotomy in Croup.* Prag. Viertel., 1859, vol. iii, p. 57.

Sendler recommends the employment of a double cannula, in the inner one of which is inserted a conductor. The extremity of the canula is, by its means, rendered rounded and pyramidal in shape, so as to facilitate its introduction; after which it is withdrawn. The length of the cannula should be at least two inches. The dorsal opening he considers useless and dangerous.

HENRIETTE.—*On Tracheotomy in Croup.* Presse Méd. Belge, 34. Med. Times and Gaz., Sept. 8, 1860, p. 247.

Henriette states that, having almost completely abandoned this operation, he has lately had reason to place more confidence in it. The chief cause of failure is, he believes, delay.

GERHARDT.—*On Laryngeal Croup.* Tubingen, 1859, pp. 88. N. Y. Journ. Med., March, 1860, p. 284.

An analysis of this work, stated to be "the last and the very best and most scientific treatise on the subject in existence," will be found in the New York Jour. of Medicine, p. 284.

ISNARD.—*Rational Treatment of Croup.* Mon. des Sciences Méd. et Pharm., 1859, 23. Canst., vol. iv, p. 391.

Isnard attributes a peculiar efficacy to the internal and external use of perchloride of iron in cases of croup.

PORGES.—*Attempt to explain the Nature of Croup.* Wien. Wohnschr., 31, 1859. Canst., vol. iv, p. 391.

BOUVIER.—*Case of Diphtheritic Angina and Croup in a Child; Laryngeal Catheterism; Cure. Remarks on the Value of and Therapeutic Indications for Laryngeal Catheterism.* Bull. de Thér., vol. lviii, p. 175.

ORGANS OF CIRCULATION.

GRANDIDIER.—*On Spontaneous or Secondary Umbilical Hæmorrhages in Children.* Journ. f. Kind., 5 and 6, 1859, p. 380. Schmidt, vol. 105, p. 68.

The causes of the spontaneous or secondary umbilical hæmorrhages here considered are—1. Too early separation of the cord, before formation of a thrombus in the vessels of the same. 2. Defective cicatrisation of the umbilicus, and formation of small fungous granulations. The author adds twenty-four cases to the 178 collected by Jenkins ('Report on Spontaneous Umbilical Hæmorrhage of the Newly-born,' Philadelphia, 1858), and has tabulated the whole 202. He is firmly of opinion, that a morbid condition of the blood is the chief cause of the hæmorrhage. Umbilical hæmorrhage is to be regarded as an inferior state of "hämophilie;" but this kind of hæmorrhage, at the same time, very rarely happens in "hämophilie." The treatment was very unsuccessful. Better results are to be expected from prophylaxis directed to the condition of the mother during pregnancy.

O'CONNOR.—*Hæmorrhage from the Navel seventeen days after Birth.* Brit. Med. Journ., Aug. 11th, 1860, p. 618.

GROEN.—*Apoplexy of the Brain; Pyæmia.* Journ. f. Kind., 1859, 1 and 2.

RAUCHFUSS.—*On Thrombosis of the Ductus Arteriosus.* Virch. Archiv, vol. xvii, Nos. 5 and 6.

DIGESTIVE ORGANS.

J. B. JACOBI (Berlin).—*On Congenital and Acquired Diseases of the Lips in Children.* Journ. f. Kind., Jan. and Feb., 1860, p. 44. Schmidt, vol. 107, p. 60.

BLEY.—*On the Chemical Reaction of the Secretion of the Mouth in Newly-born Children, in relation to the Development of Thrush.* Gaz. de Strasb., 1859, 10. Schmidt, vol. 106, p. 64.

In forty-six newly-born children the author found that the oral secretion was always alkaline during the first thirty-six or forty-eight hours after birth, but that afterwards it was always acid. In infants suffering from thrush he found the secretion of the mouth to be remarkably acid, the normal reaction returning on the disappearance of the disease. His results as to the normal condition of the mouth-secretion agree with those of Seux, but differ from those of Gubler and Guillot, who, as a rule, found the secretion in perfectly healthy children to be neutral.

JACOBI (New York).—*Course of Lectures on Dentition and its Derangements.* Amer. Med. Times, Dec. 8th, 15th, 1860.

The object of the author is to remove, what he conceives to be a popular prejudice, as to the fatal effects of teething.

BETZ.—*On the Green Stools of Children.* Mem. a. d. Prax., 7. Schmidt, vol. 108, p. 202.

The author rejects the opinion of Golding Bird and of Bednar, as to the cause of the green colour of the stools in infants. He states that the fæces may come from the rectum coloured green; that when the fæces are acid, they very rapidly change their colour, and become green, after leaving the rectum; and that this change takes place more rapidly when the fæces are in contact with linen fabric (napkins) than when they are spread out on a glass plate, the contact with the atmosphere being more complete in the former than in the latter case. The clinical signification of the green stools of children is the presence of gastro-intestinal catarrh.

STOLTZ.—*On Polypi of the Rectum in Children.* Gaz. de Strasb., 1859. Journ. f. Kind., 5 and 6, 1860.

To this affection the author first directed attention in the year 1841. Since 1842 he has observed four cases in children, aged respectively 11, 4, 5, and 8 years.

THEDOR CLEMENS.—*On the Membranous Inflammation of the Intestines (Entérite Couenneuse) of Cows, and its relations to Intestinal Croup in Children; together with some Remarks on the physiological meaning of the Croupous Diathesis and its Prophylactic Treatment.* Journ. f. Kind., 3 and 4, 1860, p. 180. Schmidt, vol. 107, p. 61.

THEODOR CLEMENS.—*On the Intestinal Croup of Children.* Journ. f. Kind., Jan. and Feb., 1860, p. 30. Schmidt, vol. 106, p. 312.

The author has observed four interesting cases of intestinal croup, a disease not as yet accurately described. It does not accompany croup of the respiratory organs; it is quite a local affection, and not dangerous, except when large tracts of mucous membrane are affected. The fibrinous exudation may arrest the passage of the fæces. When situated in the small intestine—the common event—there are diarrhœa, passage of half-digested matters, and frequently vomiting. Intestinal catarrh frequently precedes it. During the height of the attack there are feverish exacerbations; when the disease persists a long time, emaciation and debility result. After the evacuation of the fibrinous exudation the cure rapidly follows. During the passage of these the patient is lively, and desirous of food, a circumstance distinguishing it from dysentery. It is more frequent in the country than in town populations. The author remarks on the fact that in the domestic animals, pigs, cows, &c., the intestinal and respiratory tracts are frequently the seat of plastic exudations; and cases are cited to show how the intestinal croup of children is related to the same affection in the cow, and generally to the croupous affections of domestic animals.

Dr. Blair. — *Case of Intestinal Worms, terminating fatally.* Edinb. Med. Journ., Dec., 1860, p. 535.

Naudin.—*Imperforate Rectum, with Recto-vaginal Fistula; Operation.* Journ. de Méd. de Toulouse, 5, 1860.

Löschner.—*Leukæmia in Children.* Jahrb. f. Kind., 1859, 1. Canst., vol. iv, p. 388.

Löschner relates four cases where this condition was observed. All died, and all were similarly affected with enlargement and infiltration of the lymphatic glands, enlargement of the spleen and liver. A cachectic condition was always present. The symptoms were, great emaciation, hæmorrhages from the nose, mouth, and intestinal canal, bronchial catarrh, asthmatic attacks, pleurisy, œdema, offensive perspirations. The blood was poor in fibrine. The special characteristic is a peculiar metamorphosis of texture, giving rise to tumours, situated partly in the glandular organs, partly in the subdermoid cellular tissue. In all the cases the blood-elements were markedly diseased, sometimes primarily, at other times secondarily.

Dr. Jenner.—*Cases illustrating the Symptoms and Pathological Appearances of Albuminoid Infiltration of the Spleen, Lymphatic Glands, &c., in Children.* Med. Times and Gaz., Dec. 8th, 1860, p. 553.

Jenner, in a series of papers, of which this is the first, wishes to call the attention of the profession to albuminoid disease, aud especially to albuminoid disease of the spleen as observed in children—an affection rather common, but in this country rarely diagnosed. Two cases are reported at length—one that of a boy who died when one year and six months old, the other also that of a boy aged fifteen months. Both children were affected with rickets, with which this albuminous disease of the spleen is often associated. Both died from the softened state of the ribs diminishing the inspiratory power, and so necessitating pulmonary collapse. When the entrance of air was obstructed by mucus in the tubes, the deaths occurred rather suddenly. Both were extremely emaciated, and very pale. The spleen in both was enlarged, and pretty equably infiltrated with a colourless, transparent exudation. The edge of the liver was affected in a similar manner, as were also the lymphatic and mesenteric glands.

Acute Yellow Atrophy of the Liver in a Child. Report from the St. Joseph's Children's Hospital, Vienna. Jahrb. f. Kind., vol. ii, p. 42. Schmidt, vol. 105, p. 71.

Brünniche.—*On the Pathological Signification of Icterus in New-born Children.* Journ. f. Kind., 3 and 4, 1860. Schmidt, vol. 107, p. 62.

Jacobi (New York).—*On Enlargement of the Infantile Liver.* N. Y. Journ. Med., Jan., 1860, p. 1.

KIDNEYS AND GENERATIVE ORGANS.

Gmelin.—*On the Formation of Renal Calculi in Children.* Wurt. Corr. Bl., 27, 1859. Schmidt, vol. 107, p. 64.

UHLE.—*On the Urine in Childhood.* Wien. Wohnschr., 7, 1859. Canst., vol. iv, p. 401.

In relation to the weight of the body, a child from three to five years old secretes in twenty-four hours more than three times as much urine as a person from sixteen to eighteen years old; quite three times more urea, and more than three times as much chloride of sodium.

BOEHM.—*The Uric-acid Sediment in the Kidneys of New-born Children.* Preuss. Ver. Ztg., 1859, 3 and 8.

Bright's Disease of the Kidneys after Scarlet Fever. Report from the St. Joseph's Children's Hospital, Vienna. Schmidt, vol. 105, p. 71.

Involuntary Defecation and Micturition in Children, and their Treatment by Belladonna. Journ. f. Kind., 1859, 7 and 8, p. 42.

This is a *résumé* of Bercioux's and other recent observations on the efficacy of belladonna in such cases. The writer of the article states that the fact is certainly proved that belladonna has a peculiar action in cases of involuntary defecation and micturition, where there is no organic defect or spinal paralysis present.

TEXTOR.—*Impermeable Urethra in an Infant relieved by an Operation.* Wurzb. Verh. Phys. Med., x, 126. Med. Times and Gaz., June 9th, 1860, p. 583.

TIMOTHY HOLMES.—*Fibro-nucleated Tumour of the Testicle from a very young Child.* Trans. Path. Soc., vol. xi, p. 165.

TIMOTHY HOLMES.—*Tumour of the Testicle from a young Child.* Trans. Path. Soc., vol. xi, p. 161.

BONES AND JOINTS.

GUERSANT.—*On Fractures in Children.* Gaz. Hôp., 73 and 87, 1860. Schmidt, vol. 108, p. 332.

In the structure of the bones in children we find a predisposition to fracture. The bones resemble those of old people, in that the medullary canal of the long bones is longer and more capacious, and the walls of the diaphyses are thinner, than is the case in adults. In both childhood and old age, also, the muscles are weak. A special predisposition to fractures in children is the presence of rickets.

KOCH.—*Cranio-tabes occurring epidemically.* Würt. Corr. Bl., 28. Schmidt, vol. 108, p. 202.

Within the space of a few months the author observed eight cases of this disease, the disease being at other times very rare in the district. Four of the children were still at the breast, the others were weaned; all were fed with milk, alone or together with other kinds of food.

HINK.—*Extreme Congenital Rachitis, Cranio-tabes, and Rachitic Distortion of the Hollow Bones of the Upper and Lower Extremities.* Wien. Aerzt. Ztsch., ii, 7. Schmidt, vol. 107, p. 314.

Dr. Jenner.—*A Series of Three Lectures on Rickets.* Med. Times and Gaz., March 17th, April 7th, 28th, May 12th, 1860, pp. 259, 333, 415, 465.

Jenner, in a series of original lectures on the subject, considers rickets to be one of four great diathetic diseases of children; the other three being tuberculosis, scrofulosis, and syphilis. All these manifest themselves primarily by deviations from the standard of health, which deviations *per se* we do not call disease. In rickets we find the mental capacity small, muscular force deficient, mind and body inactive, figure short, closure of the fontanelles retarded, face small but broad, skin opaque, often set with downy hairs, dentition late, power of running alone and of talking late in arrival; teeth drop early from their sockets. The leading pathological tendencies are, softening of the bones, enlargement of the ends of the long bones, thickening of the flat bones and deformities consequent thereon, so-called hypertrophy of the white matter of the brain, chronic hydrocephalus, pulmonary collapse, laryngismus stridulus, convulsions, albuminoid infiltrations of the liver, spleen, lymphatic glands, &c. Jenner holds rickets to be quite distinct from tuberculosis or scrofulosis. It is not a disease of the bones; the change in the bones is only its anatomical character. The deformities which arise from pressure on the softened bones are next minutely detailed, and the mechanism of their production explained. Muscular action has, it is contended, no direct share in the production of curvature of the long bones in rickets. The thoracic deformity is due to atmospheric pressure, not to drawing in by the diaphragm. The rickety pelvis is more frequently triangular than oval. The fontanelles are late in closing, the head is square and the forehead projecting, owing to the defective development of the facial bones. The bones are affected as one organ. White patches are frequently found on the visceral pericardium. Emphysema and pulmonary collapse are constantly present, they are the results of the softened state of the ribs and of the consequent deformity. They may coexist, it is stated, without the emphysema being secondary to the collapse. The collapse has not, for its sole cause, obstruction of the bronchial tubes, although the cause in question is the common one. The great mortality of rickets is due to collapse of the lung; the extreme flexibility of the thoracic walls interferes with the passage of air in these parts, and mucus cannot be expelled. The emaciation is due to albuminoid infiltration of one or several organs, the lymphatic glands, the spleen, liver, and kidneys.

As regards the *symptoms* of rickets, one of the earliest is profuse perspiration of the head, or of the head, neck, and chest; a second is the desire to be cool, particularly at night; a third, general tenderness to touch, great indisposition to movement of all kinds; the bones become next affected, and other derangements follow. The abdomen is very large. It is a mistake to suppose that the intellect is precocious. The great causes of death in rickets are—1. Intensity of the general cachexia. 2. Catarrh and bronchitis. 3. Albuminoid infiltration of organs, especially of lymphatic gland and spleen. 4. Laryngismus stridulus. 5. Chronic hydrocephalus. 6. Convulsions. 7. Diarrhœa. The *causes* of rickets are;—impure air constantly breathed; food insufficient in quantity or defective in quality; deficient light; want of cleanliness; whatever, in fact, interferes with nutrition, and so with the formation of good blood. The *treatment* should be based on the foregoing considerations as to the cause of the disease. Detailed instruction is given under this head.

BOUVIER.—*On Distortions of the Spinal Column. Clinical Lectures at the Children's Hospital, Paris.* Journ. f. Kind., 1859, 7 and 8, p. 65; and 9 and 10, p. 218.
SCHREBER.—*On the Prophylaxis of "Kyphosis Osteopathica."* Jahrb. f. Kind., 1859, 3.
GIBERT.—*Clinical Study of Coxalgia, observed in Children.* Paris, 1859.
TROUSSEAU.—*Rachitis.* Clin. Europ., 20, 21, 22, 23, 1859.
MŒLLER.—*Acute Rachitis.* Königsberg. Med. Jahrb., 1859, vol. i, 3.
STEFFENS.—*Arthritic Rheumatism and Pyæmia.* Journ. f. Kind., 1859, 1 and 2.

SKIN, CELLULAR TISSUE, ETC.

STIEBEL.—*Six Clinical Lectures on Scarlet Fever.* Journ. f. Kind., 1859, 9 and 10, and 11 and 12. Schmidt, vol. 108, p. 203.

A. CLEMENS.—*On Scarlet Fever.* Journ. f. Kind., 1 and 2, 1860. Schmidt, vol. 108, p. 203.

Clemens repudiates equally the stimulating treatment, the indiscriminate use of cold, and the nihilism of the new schools. He has seen the best results from antiphlogistic treatment; above all, he disapproves of diaphoresis.

CHRASTINA.—*On Scarlet Fever.* Œsterr. Zt. f. Prakt. Heilk., vol. v, p. 18. Schmidt, vol. 108, p. 203.

SIEMON-DAWOSKY.—*On Scarlet Fever.* Mem. a. d. Praxis, vol. iv, p. 12. Schmidt, vol. 108, p. 203.

This author speaks favorably of the inunction treatment of scarlet fever.

FEITEL.—*On Scarlet Fever.* Ungar. Ztsch., 1859, x, 3, 4. Schmidt, vol. 108, p. 203.
EULENBERG.—*On Scarlet Fever.* Preuss. Ver. Ztg., 1859, ii, 42. Schmidt, vol. 108, p. 203.
DEITERS.—*On Scarlet Fever.* Deutsche Kl., 1859, 31, 32, 34. Schmidt, vol. 108, p. 203.
R. C. FŒRSTER.—*On the Complication of Scarlet Fever and Tuberculosis.* Inaug. Diss. Leipzig, 1859, 8vo, pp. 20. Schmidt, vol. 108, p. 203.
SCHMITZLEIN.—*Scarlet Fever.* 2d ed., Munich, 1859.
HAMBURSIN.—*Epidemic of Scarlet Fever at Namur in* 1855. *On the use of Large Blisters in the consecutive Renal Affections.* Journ. f. Kind., 1859, 7 and 8.
FALLOR.—*On Dropsy of Scarlet Fever, and its Treatment.* Journ. f. Kind., 1859, 7 and 8.
SCHNEEMAN.—*The Curative Effects of the Lard-Inunction Treatment in Scarlet Fever and Measles, as shown by the Experience of others and by Reports of* 100 *Cases observed by the Author.* 2d ed., Hamburg, 1859.

AUG. SCHMITT.—*On "Peliosis Rheumatica" of Children.* Mem. a. d. Praxis, v, 3. Schmidt, vol. 107, p. 314.

MAYR.—*Erythema Nodosum in Children.* Jahrb. f. Kind., I, 2, p. 59. Schmidt, vol. 105, p. 72.

Seven cases form the basis of this communication. There are two forms of the affection—the *simple* and the *complicated*, the complications being pustular formations, hæmorrhages, and œdema. For the simple disease, cold baths, cold drinks, and a cooling regimen, are recommended.

BOKAMY.—*Note on an Epidemic of Erythema—Gangrenous Intertrigo of the Ears, observed in Children at an early age.* Monit. des Sc. Méd. et Ph., 1859, 38, 39. Canst., vol. iv, p. 402.

The locality of the epidemic was the department of the Pyrenées Orientales. Most of the children affected were at the breast. The want of cleanliness and attention seemed to be the actual cause; the heat was excessive, long-continued, and the atmosphere unusually dry.

DR. BANKS.—*Rubeola, with Effusion of Pus into the Joints.* Dub. Hosp. Gaz., April 2d, 1860, p. 97.

Herpes Tonsurans. Report from the SS. Ann and Joseph's Children's Hospital, Vienna. Jahrb. f. Kind., 1, 2, p. 85. Schmidt, vol. 105, p. 72.

SCHULLER.—*Therapeutic Remarks on the Eczema of Children.* Jahrb. f. Kind., 1859, ii, 3, p. 123. Schmidt, vol. 106, p. 65.

DR. HODGES.—*Case of Vaccination when the period of Incubation was One Year.* Rep. of Obst. Soc. of London, Lancet, Nov. 17, 1860, p. 489.

DYSCRASIÆ.

JONATHAN HUTCHINSON.—*On Iritis as it occurs in Syphilitic Infants.* Med. Times and Gaz., July 14th, 1860. p. 31.

Hutchinson gives a tabulated statement of twenty-one cases of syphilitic iritis in infants, which have been observed by himself (fifteen) and others (six). "Infantile iritis" is a term which may be used synonymously with "heredito-syphilitic iritis." The disease is very infrequent, often overlooked, and is attended with serious consequences; but its destructive effects on the sight may be easily prevented if a correct diagnosis be early formed. The conclusions to be drawn from the series of cases are as follows:—1. The female sex is far more subject to the disease than the male. 2. Syphilitic infants are most liable to it at about the age of five months. 3. Syphilitic iritis is often symmetrical, but quite as frequently not so. 4. As it occurs in infants, it is seldom complicated, and it is attended by few of the more severe symptoms observed in the adult. 5. The effusion of lymph is usually very free, the danger of occlusion of the pupil great. 6. Mercurial treatment is most singularly efficacious in curing the disease and, if recent, in procuring the complete absorption of the effused lymph. 7. Mercurial treatment previously adopted does not prevent the occurrence of this form of iritis. 8. The subjects of infantile iritis, though often puny and cachectic, are also often apparently in good health. 9. One or other of the well-recognised symptoms of hereditary taint are almost always present in infants suffering from iritis. 10. Most of those who suffer are infants born within a short period of the date of existence of the primary disease in their parents.

NORTH.—*Infantile Iritis from Congenital Syphilis.* Med. Times and Gaz., Nov. 3d., 1860, p. 435.

The infant was a female aged seven weeks, the mother had had venereal affections on two occasions. Treatment by mercury was successful.

BARILLIER.—*Congenital Syphilis; Transmission from an Infant to two Nurses; three Infants infected with Syphilis by Lactation.* Jour. de Méd. de Bord., June, 1860.

NOTTA.—*On Hereditary Syphilis.* Arch. Gén., Jan., 1860, p. 272. Med. Times and Gaz., Aug. 4th, 116.

PART IV.—DISEASES OF THE FŒTUS, ETC.

DOUBLE, SUPERNUMERARY, OR EXCESSIVE DEVELOPMENT.

PAUL BROCA.—*Congenital Inequality of the Two Sides of the Body.* Gaz. Méd., 29, 1859.

The subject of the case, a boy æt. 11, appeared as if made up of two lateral halves unequally developed. The asymmetrical condition had become increasingly evident as the child grew older. The left side was markedly the larger.

MARTIN SAINT-ANGE.—*Description of a Monster of the Genus "Phocomèle."* Compt. Rend., Dec. 10th, 1860, p. 930.

HOBART.—*Case of Double Monster.* Dub. Quart. Jour., May, 1860, p. 328.

JOHNSON.—*Supernumerary Fingers, hereditary for five Generations.* Dub. Hosp. Gaz., Nov. 15th, 1860, p. 348.

Dr. TANNER.—*Description of Two Fœtal Monsters.* Obst. Trans., vol. ii, p. 247.

Dr. SWAYNE.—*Case of Double Monstrosity.* Obst. Trans., vol. ii, p. 320.

The two fœtuses, of unequal size, were united from the umbilicus to the top of the thorax. Two of the arms were united as far as the wrist.

GIRARD DE CAILLEUX.—*Report on a Monstrosity of the Genus Xiphodyme.* Gaz. Méd., 1859, p. 105. Canst., vol. iv, p. 1.

The monstrosity had two heads, each with a distinct neck, the right larger and more developed than the left. From the clavicle downwards the bodies were connected; the thorax and abdomen of each combined to form a single body, with two lower extremities.

Dr. STRUTHERS.—*Description of a Case of Double Uterus.* (With cuts.) Edinb. Med. Journ., Aug., 1860, p. 145.

SPENCER WELLS.—*Specimen of Spurious Hermaphroditism.* Trans. Path. Soc., vol. xi, p. 158.

This specimen, the property of the late Mr. Pilcher, having been alluded to as the only known instance of true hermaphroditism, Mr. Spencer Wells proposed that a committee should be appointed to examine it anew. The committee (Dr. Wilks and Messrs. Curling and Wells) reported that the specimen exhibited some of the peculiarities of both sexes. The uterus and one ovary were present, showing clearly its feminine character. The bladder, prostate, and prolonged urethra, caused a strong resemblance to the male. The case was one of imperfect female development; the individual had passed through life as a female.

ARTHUR E. DURHAM.—*On Hermaphroditism.* Guy's Hosp. Rep., 1860.

Seven cases are here related and reported on, in some of which the sex of the individual had been doubtful during life. The minute anatomy of the sexual organs, as revealed by dissection, are described, and some general conclusions are drawn on the subject of the morphology of the organs of generation in the two sexes.

Dr. JOHN W. OGLE.—*Malformation (by Excess) of the Peritoneum.* Trans. Path. Soc., vol. xi, p. 107.

ED. CANTON.—*Fleshy Caudal Prolongation in an Infant.* Lancet, Oct. 27th, 1860, p. 411.

ARTHUR E. DURHAM.—*Peculiarities of the Genital Organs, and Extraordinary Development of the Mammæ in a Male Subject.* Trans. Path. Soc., vol. xi, p. 163.

DEVIATIONS IN THE VASCULAR AND RESPIRATORY SYSTEMS; DISEASES.

Dr. PEACOCK.—*Malformation of the Heart; Absence of Ductus Arteriosus; Small Size of the Pulmonary Artery; Aorta arising from both Ventricles; Irregular Course of the Aorta, &c.* Trans. Path. Soc., vol. xi, p. 40.

The child was noticed to be unusually livid when three weeks old, and at the age of seven to eight months began to have suffocative attacks and convulsions. When it was excited, a loud systolic murmur was audible over the front of the chest. Death occurred from exhaustion following vomiting and diarrhœa at the age of eleven months. The defect originated, as the author supposes, in the imperfect development of the bronchial arches which usually go to the formation of the left aorta and ductus arteriosus; thus the pulmonary artery, receiving only the blood transmitted to the lungs during fœtal life, remained permanently small. The right aorta was developed instead of the left.

Dr. PEACOCK.—*Case of Cyanosis, with Clinical Remarks.* Med. Times and Gaz., Aug. 25th, 1860, p. 186.

Dr. PEACOCK.—*Largely open Foramen Ovale, without Cyanosis.* Trans. Path. Soc., vol. xi, p. 68.

Dr. WILKS.—*Communication between the Pulmonary Artery and Aorta.* Trans. Path. Soc., vol. xi, p. 57.

Dr. Hare.—*Malformation of the Heart; Obstruction at the Aortic Orifice (only two valves); Open Ductus Arteriosus.* Trans. Path. Soc., vol. xi, p. 47.

Dr. Hare.—*Malformation of the Heart; Contraction of the Pulmonary Orifice, with an Opening in the Septum Ventriculorum.* Trans. Path. Soc., vol. xi, p. 45.

Prof. Hyrtl.—*An undescribed Case of Increase of the Primitive Aortic Branches.* Zeits. f. Prakt. Heilk., 11, 186. Canst., vol. iv, p. 16.

In Hyrtl's case the right vertebral artery was given off behind the left subclavian, the right subclavian being, as usual, a branch of the innominate.

Dr. Sanders.—*Open Ductus Arteriosus.* Edinb. Med. Journ., July, 1860, p. 76.

Sturok.—*Case of Cardiac Cyanosis, with Remarks.* Rigaer Beitr., iv, 2. Canst., vol. iv, p. 12.

In Sturok's case a cyanotic individual lived to the age of twenty-one, and died of tuberculosis of the lungs. Concerning the nature of the cyanotic condition of the skin, the author believes, with the majority of authorities, that it depends on the overloading of the peripheric vessels with venous blood; and that it may be produced in two ways, by a defective condition of either the heart or the lungs. The mortality in cases of cyanosis is greatest from the period of birth to the age of three years. Those cases live longest, in which the cause of the cyanosis is a patent condition of the foramen ovale only.

Meyer (Zurich).—*On Congenital Vesicular Malformation of the Lungs, together with some Remarks on Cyanosis in Affections of the Lungs.* Virch. Arch., 1859, p. 78.

Edmund Carver.—*Obstruction of Bowels in Twins, which in each case depended upon Contraction of the Lower Part of the Ileum.* Brit. Med. Journ., Aug. 11th, 1860, p. 619.

Dr. Druitt.—*Case of Complete Obliteration of the Canal of the Small Intestine by Fœtal Peritonitis; Amussat's Operation.* Obst. Trans., vol. ii, p. 135.

In Druitt's case the anus was well formed, but no motions were passed. Amussat's operation was performed without result. After death, which took place in fifty-six hours after birth, the small intestine was found glued together by adhesions at its middle portion; the intestine above was greatly distended.

Houel.—*Memoir on Congenital Encephalocele.* Arch. Gén., Nov., 1859.

J. S. Bostock.—*Congenital Hydrocephalus.* Lancet, Sept. 1st, 1860, p. 222.

J. W. Fry.—*Congenital Hydrocephalus.* Lancet, Feb. 4th, 1860, p. 115.

Giraldes.—*Congenital Cyst of the Neck; Death; Autopsy.* Gaz. Hôp., Jan. 10th, 1860.

Spencer Wells.—*Case of large Congenital Encephaloid Tumour, not impeding Delivery.* (With drawing.) Obst. Trans., vol. ii, p. 27.

Ed. C. Hulme.—*Congenital* (?) *Malignant Disease of the Right Eyeball.* Med. Times and Gaz., July 14th, 1860, p. 29.

In Hulme's case there was extensive malignant disease of the eyeballs and base of the brain in a child who died æt. 2⅔ years. Shortly after birth a peculiar look was noticed in the right, and afterwards in the left, eye, and the eyeballs became too prominent. The author believes the disease to have been congenital.

Birnbaum.—*Anatomico-pathological Examination of a Congenital Luxation of the Hip on the left side.* Wien. Wohnschr., 3 and 4. Canst., vol. iv, p. 16.

Holmes Coote.—*On Congenital Dislocations of the Hip.* Lancet, Dec. 22d, 1860, p. 609.

Holmes Coote gives a short *résumé* of the anatomical conditions present in cases of congenital dislocation of the hip. Many cases are, he believes, included under this head which have no right to be so denominated. He has not met with a case in which the deformity could be rectified, although the patients may gain power of walking freely, and the spinal curvature be lessened by proper apparatus.

Dr. Alex. R. Simpson.—*Case of Intra-uterine Smallpox.* Edinb. Med. Journ., Nov., 1860, p. 448.

Dr. Bruce.—*Case of Intra-uterine Smallpox.* Edinb. Med. Journ., Nov., 1860, p. 479.

J. Jardine Murray.—*Contributions to Teratology; undescribed Malformations of the Lower Lip occurring in Four Members of One Family.* Brit. and For. Quart. Rev., Oct., 1860, p. 502.

DEFECTS, ATRESIÆ.

Claudius.—*On the Development of Acardiac Monsters.* Kiel, 1859. Canst., vol. iv, p. 7.

The work of Claudius is the result of an inquiry into the particulars of 112 cases of acardiac monsters. He finds that they are always one of twins; that they are always of the same sex as the normal fœtus; that there is always a fissure of the sternum present; that the whole body is never developed, either the upper or the lower half being more developed than the remainder. There are two groups—1, the "acormi," without trunk; 2, the "acephali," without head. In a third of the cases there were no sexual organs. In the males the testicles were always found at the entrance of the inguinal canal. The kidneys were present in more than two thirds of the cases, with their ureters, bladder, and urachus. The lungs are almost always wanting, also the cœliac artery. The aorta divides into two branches. Near the aorta lie one or two venous canals, which are not the venæ cavæ, but the vessels from which the v. azygos and hemi-azygos are developed. Sometimes considerable cavernous enlargements of the venous system are met with. The whole capillary system of the placenta belongs to one (the sound) fœtus; and two large vessels, an artery and a vein, pass from the umbilical cord of the normal through the placenta to the place of insertion of the umbilical cord of the monstrosity. The blood, therefore, runs in the umbilical cord of the latter in a reversed direction. There is a perfect series of transitions from the two perfectly separated placentæ to that present in the case of the acardiac fœtus. First, we have the agglutinated double placenta of twins, with a double chorion, where only very small communicating branches exist. In the next category we have the apparently single placenta of a double ovum, with single chorion and two amnionic cavities. Next comes the actually single or acardiac placenta, with one capillary system, which belongs to the normal fœtus. There is a fourth form, with a bifurcated umbilical cord; the result being equally the formation of an acardiac fœtus. Up to the time of the formation of the placenta and the anastomosis of the vessels, a perfectly functionally acting heart must have existed in each fœtus. The blood-wave from each heart then meeting, a recoil takes place towards each heart. As long as both hearts contract equally, both conspire to one end; but if one heart contracts less powerfully than the other, the result is that its action is overpowered by the other, and finally arrested altogether. Hence in the acardiac fœtus the current of the blood passing through the umbilical artery is reversed. There is less hindrance to the passage of blood into the organs which are near the entrance of the umbilical arteries into the hypogastric; hence the fact that in the acardiac fœtus the lower extremities and sides of the body, also the kidney and the rectum, are well developed. The origin of the acardiac fœtus may be as early as the fifth week. The first circumstance which gives rise to the formation of an acardiac fœtus is an accidental location of the placentar vessels of the two fœtuses.

GROSS and HEIM.—*Rare Monstrosity, Hernia Cordis.* Wurt. Corr. Blatt., No. 29. Canst., vol. iv, p. 12.

DANIELL.—*Case of Ectopia Cordis.* (Drawing.) Brit. Med. Journ., Oct. 6th, 1860, p. 776.

The heart, denuded of its pericardium, projected through the chest walls. It continued pulsating, more or less forcibly, for four hours after the birth of the child. In conclusion, the author collates analogous observations of this rare malformation both at home and abroad.

HESCHL.—*Defect of the Brain and Hydrocephalus.* Prag. Viertel., 1859, vol. i, p. 59.

Dr. ANSTIE.—*Anencephalous Fœtus.* Path. Soc. Med. Times and Gaz., April 21st, 1860, p. 408.

BROWNE.—*Congenital Malformation of the Pupils.* Dub. Hosp. Gaz., June 15th, 1860, p. 184.

In a little girl, æt. 10, the right pupil is transverse, and has a double aperture; in the left it is single, but also transverse.

Dr. BROCA (de Sainte Foy).—*Two cases of Spina Bifida of the Lumbar Region in individuals who have lived to the adult age.* Gaz. Hôp., Aug. 4, 1860.

The one that of a man, who lived to the age of 43; the other that of a girl, who lived to the age of 23.

GLUGE.—*On a "Monstre Amorphe."* Journ. de Méd. de Brux., May, 1859, 517. Canst., vol. iv, p. 7.

WILLIAM CURRAN.—*Outline of a Case of Peculiar Displacement of the Stomach, resulting probably from Congenital Deficiency of the Diaphragm, and leading to Convulsions and Death from Extravasation of Blood on the Brain.* Lancet, Dec. 29th, 1860, p. 631.

GRUBER.—*Inversion of the Urinary Bladder with Epispadias.* Med. Zeit. Russl., No. 49. Canst., vol. iv, p. 12.

KNIGHT.—*Case of supposed Congenital Absence of Uterus and Occlusion of Vagina.* Hosp. Rep., Med. Times and Gaz., July 14th, 1860, p. 33.

SANTESSON.—*Deficiency of the Lower Half of the Vagina; Atresia of the Upper; Retention of the Menses; Operation. A month subsequently, symptoms of Thrombosis in the Pelvic Veins of the Right Side, the Right Iliac and Crural Veins, and the Vena Cava Inferior. Secondary Pleuro-pneumonia; Death.* Hygiea, Oct., 1858. Translated by W. D. Moore, M.B. Dub. Med. Press, Jan. 11th, 1860, p. 42.

Dr. PRIESTLEY.—*Congenital Extroversion of the Bladder.* Trans. Path. Soc., vol. xi, p. 135.

Dr. MEADOWS.—*Case of Congenital Hernia of the Liver.* Obst. Trans., vol. ii, p. 199.

SCHMIT.—*Absence of the Bladder, with Hypertrophy of the Right Kidney, and Development of its Pelvis, which served as a Reservoir for the Urine.* J. de Méd. de Brux., Oct., 1859, p. 352.

The pelvis of the right kidney was large enough to contain four to five ounces; its ureter was very long, and ended at the meatus urinarius. The left kidney was completely degenerated. The woman, æt. 30, died of hæmatemesis.

GOSCHLER.—*Defective Formation of the External Genitals.* Prag. Viertel., 1859, vol. iii, p. 89.

BODENHAMER.—*A Practical Treatise on the Etiology, Pathology, and Treatment of the Congenital Malformations of the Rectum and Anus.* 8vo, New York, 1860, S. S. and W. Wood, p. 368.

This work contains a report of 287 cases, collected from various sources, of congenital malformations of the rectum and anus, and illustrated by sixteen lithographic plates. It offers a complete *résumé* of the works, essays, and scattered contributions on the subject published in different countries up to the present time.

ATHOL JOHNSON.—*Imperforate Rectum; performance of Littre's Operation in the Left Groin; Fatal Result two days afterwards.* Lancet, March 10th, 1860, p. 243.

MINOR.—*Operations for Imperforate Anus.* New York Journ. Med., May, 1860, p. 332. Med. Times and Gaz., June 23d, 1860, p. 632.

Out of five operations one has been successful. The author dilates the opening by means of an india-rubber finger-ball, introduced in a flaccid state, and then stuffed with cotton.

ELLERSLIE WALLACE.—*Imperforate Rectum.* Am. Med. Journ., April, 1860, p. 375.

T. B. CURLING.—*Imperforate Anus in an Infant; Operation; Recovery.* Med. Times and Gaz., July 28th, 1860, p. 78.

FRIEDBERG.—*On a Case of Congenital Closure of the Anus.* Virch. Arch., 1859, 17, 147.

TIMOTHY HOLMES.—*Parts concerned in Littre's Operation for Artificial Anus.* Trans. Path. Soc., vol. xi, p. 99.

The patient, a female, æt. 3 days, died after Littre's operation. It was found after death that, although the distended rectal pouch extended low down, it was so covered by the peritoneal pouch that the establishment of a communication from the anus would have been difficult.

WOUNDS, ETC.

KRULLE.—*On Injuries of the Fœtus.* Varges' Zeitscht., vol. xiv, p. 3. Schmidt, vol. 108, p. 329.

The author here gives the result of a critical survey of the recorded cases of injuries of the fœtus. Most of those cases where the injury of the fœtus is ascribed to the effect of a dull force exercised on the abdomen of the mother, such as a blow, a strain, a fall, &c., are really cases of abnormal conditions of the fœtal skeleton, and may be in some cases associated with solutions of continuity of the soft parts. That the fœtus may be injured or killed by blows, sharp instruments, &c., acting from without, cannot of course be doubted. He divides injuries into three classes: 1. Injuries of the bones of the fœtus, of the extremities, or of the trunk of the fœtus. Here the cause is often defective ossification of the bones. When the condition disappears before birth, the fractures may be found connected by callus. Many of the cases where fractures are found to exist after delivery, are to be set down as cases of fracture during delivery. When the bones of the fœtus are not well ossified, there is no doubt that solutions of continuity may be produced in them by internal causes. The more the muscular system is developed, and the greater the movements of the fœtus, the more easily will this take place. A dull force, such as a fall, a blow, &c., cannot, it is contended, fracture the bones of the fœtus unless it be so severe as to affect very obviously the mother also. Only a very great force would be sufficient so to compress the abdomen as to fracture the bones; the application of such force induces labour. It must be recollected, too, that pregnant women frequently suffer blows, falls, &c., and yet fractures of the fœtal bones are very rare. 2. Injuries of the cranial bones. There are few recorded cases in which the influence of external force in causing injury to the fœtal skull has been proved, and in such cases the mother has always been considerably injured. Injuries of the skull received during birth are characterised by the great distortion present. Respecting the influence of defective ossification in cases of injury to the fœtal cranial bones it is to be remarked, that a force applied to the head under such circumstances would more readily then than at other times produce an injury. 3. Injuries of the soft parts of the fœtus. Contusions and blood-extravasations are more easily produced than fractures. Sometimes also we find wounds, the openings of abscesses, which it is impossible to ascribe to the effect of external injury. In conclusion, the author finds that very few of the recorded cases prove what is intended; viz., that the injury of the fœtus was caused by the application of a force from without.

Dr. Hardy.—*Spontaneous Amputation of the Forearm in Utero.* Dub. Hosp. Gaz., May 1st, 1860, p. 131.

In this case the forearm of the left extremity was removed during uterine life. Four minute projections were found at the extremity of the stump. The child was well developed.

Finnell.—*Wound in Fœtus.* New York Journ. Med., Jan., 1860, p. 99.

The wound was just below the knee-joint, and separated the fibula from its epiphysis. The mother had received a stab just below the umbilicus a week before delivery. The fœtus was dead.

REPORT

ON

SPECIAL THERAPEUTICS.

BY

DR. HANDFIELD JONES, MR. HULKE,

AND

DR. GRAILY HEWITT.

MEDICINE.

Mania. (Ann. Med. Psych., 3 ser., v, Jan., 1859.) Schmidt's Jahrb., vol. 105, p. 94.—LEGRAND DU SAULLE recommends opium to be exhibited in mania in the following manner. The dose is to be gradually increased, commencing with half a grain daily up to six grains, and then is to be omitted. The patient's excitement increases in most cases during the exhibition of the opium; if calmness is produced, it is an unfavorable sign. After the drug has been omitted recovery commences, and after some months is complete. During convalescence aphonia is common. The proportion of recoveries under this plan was seven out of ten in acute mania, and three out of twenty in chronic mania of more than one year's standing. In melancholia the treatment was fruitless.

Sudor Miliaris. (Gaz. des Hôpit.) Ann. par Jamain, 1860, p. 7.—DAUDÉ gives one or two drops of perchloride of iron every hour from the commencement of the disease, only premising, if necessary, an emetic. The sweating is checked in less than twenty-four hours, the epigastralgia quieted, the paroxysms (of præcordial distress and dyspnœa, Ed.) are kept off, and the pulse becomes less open, soft, and yielding.

Cholera.—J. O. BUCHHEISTER gives two drops of the Liquor Ferri Sesquichlorati in Asiatic Cholera (Berlin Med. Ztg., No. 41), Canst. Jahrb., vol. iv, p. 69, every half hour, and seltzer water to quench thirst. If reaction set in, no other remedy was required. Convalescence was short (six to twelve days), and interrupted by no secondary affections. Out of forty-five cases there were twenty-nine recoveries, sixteen deaths.

Ague.—BOSIA says the double iodide of quinine and iron (Bull. de Thérap., No. 30), Canst. Jahrb., vol. iv, p. 72, is useful in inveterate ague, in early tuberculosis, and in anæmic and cachectic states.

Quinic Ether Inhalations in Ague. (Oester. Ztschr. f. prakt. Heilk., 22.) Canst. Jahrb., vol. iv, p. 72.—Groh states that a scruple of this ether, inhaled during the cold stage, cut short the attack and prevented its return in eleven cases. Bonnafont and Sprengler have found inhalation of sulphuric ether also successful, and Whitehorn in America obtains the same result with chloroform.

Epileptoid Intermittent Fever. (Journ. de Méd. de Bruxelles, Jan., Feb.) Canst. Jahrb., vol. iv, p. 84.—Liegey has observed cases of eclamptic or epileptic intermittent fever. In the more chronic and apyretic form the disorder may easily be taken for epilepsy. It yields to quinine.

Pommade for Acne. (Ann. de Thérap., 1860, p. 168.) — Rodet. ℞ Axungiæ, ʒxij; Sulph. Sublimati, Tannini, āā ʒj; Aquæ Laurocerasi, ʒj. M.

Pumpkin Seeds in Tænia Solium. Lancet, Aug. 18th.—Tarneau directs ten drachms of the seeds, freed from their husks, to be made into an electuary with sugar and milk, and given to the patient, previously purged and kept on a low diet. A dose of castor oil two hours after.

On the Treatment of Alcoholism. (Med. Zeit. Russland, 1859, No. 8.) Med. Times and Gaz., July 28th.—Smirnoff administers to habitual drunkards a glass of strong infusion of Asarum Europæum and of Valerian three or four times a day. The Asarum improves the appetite, supports the general power, and counteracts the invincible longing for alcohol.

Dyspepsia. (Journ. de Méd. et Chir. pratique.) Edin. Med. Journ., Feb., 1860.—Beau's treatment of dyspepsia excludes almost absolutely narcotics, starvation, confinement to bed, and bloodletting. If there is gastric derangement he gives an emetic. Repeated blisters are useful to remove pains. Ice often arrests vomiting. Flatulence is treated with charcoal and magnesia (calcined). A solid diet will sometimes arrest vomiting, which is persistent with a liquid. Sulphurous baths, hydropathy, travelling, are often advantageous.

Citric Acid in Acute Rheumatism. (Ann. Méd. de Flandre Occid.) Edin. Med. Journ., Jan., 1860.—In forty-five cases of rheumatic fever Hartung gave citric acid to the amount of six drachms in from fifteen to thirty-six hours. In all the cases but two the result was very favorable. The affected parts were enveloped in wadding, and the patients were allowed to drink water freely.

Typhoid Fever. (Bull. Gén. de Thérap., June 30th, 1859.) Brit. and For. Med.-Chir. Rev., Jan., 1860.—In the treatment of typhoid fever after purgation, at the outset, Monneret gives ice internally, and applies it to the abdomen, and in the second week administers quinine.

Opiated Colchicum Wine in Rheumatism. (Bullet. de Thérap., tome 56, p. 75.) Med. Times and Gaz., April 14th.—Eisenmann praises as pre-eminently efficacious in the treatment of rheumatism and cold-excited disorders (rheumatoid) a combination of Vin. Colch. ʒxij, Tr. Opii, ʒij.

M. ♏xx *ter die.* Acute articular rheumatism is cut short usually from the third to fifth day; muscular rheumatism and rheumatic neuralgia are rapidly cured, as well as angina, pulmonary catarrh and influenza, gastric fever, catarrhal diarrhœa, and catarrho-rheumatic conjunctivitis.

The Cure of Typhoid Fever. Lancet, April 21st.—Brinton recommends emetics of ipecacuan wine once or twice a day for three or four days in cases of typhoid fever, if seen early. They are always harmless, in most instances extremely beneficial, in some instances they positively cut short the malady.

Propylamine, a new Remedy in Rheumatism. (Gaz. des Hôpit., April, 1860.) Edinb. Med. Journ., June, 1860.—Propylamine is prepared by introducing into a retort a certain proportion of herring-brine, rendered strongly alkaline by potash, and distilling into a well-cooled condenser as long as the distillate exhales the odour of herring. The distilled liquid is to be saturated with hydrochloric acid, and evaporated to dryness, the hydrochlorate of propylamine being afterwards dissolved out by water. By adding very cautiously hydrate of lime the propylamine is obtained from the salt. Dr. Awenarius, at St. Petersburgh, has used it in 250 patients, and affirms that in every case pain and fever disappeared the day after the administration of the remedy. He gives 20 drops in ℥vj, ʒj *2dis horis.*

Treatment of Delirium Tremens by large doses of Digitalis. Med. Times and Gaz., Sept. 29th.—G. M. Jones administers ℥ss of Tr. Digitalis, a second dose of ℥ss in four hours, and in a few cases a third, which need not exceed ʒij. Out of seventy cases digitalis failed in three only to produce sleep, in sixty-seven it was the only medicine used, and sixty-six of these recovered; the fatal case was found to have a tumour in the brain.

Arsenic in Apoplectic Congestion. (Bull. de Thérap., lvii, p. 192.) Med. Times and Gaz., July 14th.—Lamare-Picquot strongly recommends the prolonged use of arsenic as an effectual means of subduing congestion likely to give rise to apoplexy.

Delirium Tremens. Glasg. Med. Journ., Jan., 1860.—Morton reprobates the use of narcotics and stimulants, except under peculiar circumstances, and advises the administration of tartar emetic, in doses varied to suit the case.

Pyæmia. (Arch. d. Heilk. i, 4, 1860.) Schmidt's Jahrb., vol. 108, p. 35. —Röser recommends in the treatment of pyæmia plenty of fresh air and good, nourishing food, quinine and morphia. At the same time all decomposing pus is to be washed away, disinfectants applied, and as little charpie used for dressing as possible. Pyæmic patients should be isolated from others, visited last, and autopsies in fatal cases should not be made by the attending practitioner. Röser ascribes diffuse inflammation and tetanus occurring after injuries to a miasm similar to that which causes pyæmia.

Vesical Catarrh. (Canst. Jahrb., vol. iii, p. 212.)—Meinhard relates three cases, which resisted all other treatment, but were cured by two-grain doses of Pot. Iod.

Mercurial Ointment in Peritonitis. (Oester. Ztschr. f. prakt. Heilk., v, 22, 23, 1859.) Schmidt's Jahrb., vol. 105, p. 180.—INNHAUSER gives two successful cases of peritonitis treated by mercurial inunction after other means had been used unsuccessfully. Salivation seems to have been nearly, but not actually, produced in either.

Diarrhœa. (Bull. Gén. de Thérap., June 30, 1859.) Brit. For. Med.-Chir. Rev., Jan., 1860.—EISENMANN advocates the use of sulphate of copper and opium in the treatment of diarrhœa occasioned by dentition.

Chloroform. (Bull. Gén. de Thérap., May, 1859.) Brit. and For. Med.-Ch. Rev., Jan., 1860.—FONSAGRIVES praises chloroform as an excellent hypnotic in doses of ♏v—x, given internally.

The Therapeutic Value of the Galvanic Current. (Aerztl. Intell. Bl., No. 4.) Canst. Jahrb., vol. v, p. 124.—BAIERLACHER confirms Remak's statements as to the value of the continuous current in various cases, as neuralgias, pelvic contractions, even when the latter have been produced by lead-poisoning. He recommends changing the direction of the current frequently, as a means of increasing its efficacy.

Electricity as a Curative Agent. (Deutsche Klinik, Nos. 26, 27.) Canst. Jahrb., vol. v, p. 131.—CLEMENS dwells on the utility of the various kinds of electricity, used either singly or in succession. In impotence and sterility, he has obtained excellent results from sparks or shocks. Tumours of the female breast, ovaries, testes, and thyroid, he reports to be fused down and dispersed by electric shocks and continuous currents. Dysmenorrhœa and various diseases of the uterus are also treated by the same means with great advantage.

Recent Inquiries relative to the Effects of Mineral Waters (LOESCHNER's Report). Canst. Jahrb., vol. v, p. 140.—We can only refer to some of the principal papers analysed. Beneke examines accurately the action of the hot baths at Nauheim on the healthy and diseased system, as indicated by the changes in the pulse, respiration, excretions, and nutritive processes. Virchow has studied the effect of sea-bathing on the temperature, pulse, and respiration. Mess considers the effect of sea-bathing on the system as determined—(1) by the chemical quality of the water, (2) by the force of the waves, (3) by the temperature of the water, (4) by that of the air.

Advances in the Science of Hydriatrics in 1859 (SCHNEIDER's Report). Canst. Jahrb., Bd. v, p. 171.—Böcker (Moleschott's Untersuchung., vol. vi, p. 51) describes the effect of sitz-baths, douches, and wet-packing on the excretions. A "Young Physician" (Bayer. Aerzt. Intell. Bl., 1859, 41, 48, 51) gives a clear exposition of the therapeutic action of cold water in its various modes of application, insisting principally on its stimulant and cooling effect. Schneider and Traube (Deutsche Klinik, 1860, No. 5) describe the good effect of wet-packings in typhus and scarlatina. Tartivel (Journ. du Progrès, Nos. 4, 5, 9) has observed the benefit produced by hydrotherapy in inveterate syphilis.

Gymnastic Exercises as a means of Cure. Canst. Jahrb., vol. v, p. 187.—Contains reports of the value of passive movements in chronic disease of the joints, of shampooing and friction in sprains, of Swedish gymnastics in a case of complete palsy of the lower extremities, a pretty full account of the ætiology and treatment of habitual scoliosis by Eulenberg (Virch. Arch., 1859, Bd. xvii, Heft. 3, 4), and a notice of Neumann's attempt to apply forced inspiratory efforts to the treatment of acute and chronic disease.

Chronic Bronchitis. (Pharmaceutical Journ., Feb., 1860.)—WILLIAMS recommends the following pills:—℞ Ammoniaci, gr. ij; Pulv. Ipecac., gr. $\frac{1}{2}$; Morph. Mur., gr. $\frac{1}{6}$; Ammon. Carb., gr. ij; Muc. Acac., q. s. M. et ft. pil. (to be varnished with Balsam of Tolu dissolved in chloroform).

SURGERY.

Aneurism.—SYME, in axillary aneurism, prefers deligation of the affected vessel immediately above and below the sac, to ligature of the subclavian artery above the clavicle.

Wounds.—The permanent submersion of wounds under water, at 32° to 34° Reaumur, moderates the first inflammatory reaction, and is said to prevent pyæmia. ZEIS has employed it with advantage in old ulcers of the leg, surrounded with greatly thickened integument. SZYMANOWSKI fashions his receptacles out of sheet india rubber, and joins the freshly cut edges by pressure after touching them with petroleum.

Cicatrization.—DEMARQUAY and LECONTE have experimentally shown that carbonic acid hastens the process of cicatrization.

Croup.—TROUSSEAU says that tracheotomy is most successful where little medicine has been previously given. He lays great stress on performing the operation slowly, cutting the tissues layer by layer, and not opening the trachea till it has been thoroughly exposed. EVANS advocates the performance of the operation at an earlier stage of the disease than has hitherto been customary in England.

Sloughing Wounds.—A dressing of coal-tar and plaster of Paris has been recommended by French surgeons in sloughing wounds; it deodorizes the discharge, and is said to favour cicatrization.

Epithelioma.—Early and free excision gives much more favorable results than in genuine carcinoma.

Foreign Bodies.—ANSELMIER has detected with a magnetic needle small portions of iron buried in the tissues.

Fractures.—Fractures which have united with much deformity may sometimes be advantageously broken again and reset in a better position. Plaster-of-Paris and dextrine bandages are coming into more general use.

Œdema Glottidis.—SLOANE reports the successful treatment of œdema of the glottis from scalds, with calomel and tartar emetic, given at short intervals.

Hæmostatics.—The compression of arteries by a long pin passed transversely to the axis of the bleeding vessel, in such a manner as to include some of the tissues on either side of it, has been recommended by Simpson as a substitute for the common thread ligature.

Hernia.—WOOD's is the most promising of all the operations for the radical cure. GOSSELIN recommends a prolonged and forcible taxis in all cases of strangulated hernia during the first twenty-four hours, after which he thinks it may be dangerous. ROUSE deprecates this practice. Chloroform is shown by BRYANT to be a most valuable auxiliary to the taxis. GIGNAC has found it useful to invert and shake his patient. A similar posture has been recommended by JESSOP. Strong coffee is recommended by some foreign surgeons; after a patient has taken a dozen cups or so, a hernia which had resisted the taxis is said to have spontaneously receded.

Suppuration of Joints.—CHASSAIGNAC speaks highly of the use of drainage-tubes. In chronic synovial disease SCHUH has successfully employed iodine injections. A valvular incision is preferable to a direct one for the removal of loose cartilages. The very wide adoption of excision in cases in which formerly amputation would have been done, shows that this practice is rapidly gaining ground.

Paracentesis.—TROUSSEAU says, in tapping the chest, the trocar should be thrust rapidly through the pleura, in order to make sure of piercing the false membranes which may line it, and so avoid detaching them. In an able lecture on paracentesis of the pericardium, he lays down rules for this operation, and records cases where it was successful. CARTER suggests that the belly should be tapped with a smaller trocar than that generally used, and that only enough fluid should be drawn off as suffices to relieve the prominent symptoms.

Polypus.—Recently recorded cases prove that the removal of fibrous polypi, firmly rooted to the base of the skull and filling the nares, can be better effected by cutting away the front of the antrum than by splitting the hard and soft palates.

Rectum.—H. SMITH writes in favour of the application of strong nitric acid to moderate prolapses of the mucous membrane.

Rest.—HILTON's lectures show the great importance of mechanical and physiological rest in accidents and surgical diseases.

Rodent Ulcer.—Removal by caustics or the knife is, according to HUTCHINSON, the only efficient treatment.

Stone.—THOMPSON insists on the great importance of an early diagnosis, because, whilst still small, the stone may generally be destroyed with the lithotrite, even in children, and lithotomy avoided.

Sutures.—GUSTAV SIMON recommends horsehair as a good substitute for metal wire.

Tetanus.—Physiological considerations and recently recorded facts are in support of a further trial of curara. Tinct. Aconiti seems to have acted beneficially in some cases.

Varicocele.—Subcutaneous division of the dilated spermatic veins, after compressing them above and below the point of intended section with a pin and twisted thread, is advocated by H. LEE. ERICHSEN and JOBERT DE LAMBALLE encircle the veins with a silver wire, which is allowed to cut its way out.

MIDWIFERY AND DISEASES OF WOMEN.

[*See also* REPORT ON MIDWIFERY, *p.* 360.]

Uterine Hæmorrhage.—R. BEVERLEY COLE employs a firm crystal of alum, rounded at the edges, and so large as to fill the vagina. This is to be introduced, carried to the os uteri, and there retained for a time varying from thirty minutes to twenty-four hours. San Francisco Med. Press, Jan. Am. Med.-Chir. Rev., July, 1860, p. 717.

Amenorrhœa and Dysmenorrhœa.—DELORME states that Apiol is a powerful emmenagogue. The dose, twenty-five centigrammes twice a day. Gaz. Hôp., Sept. 20, 1860.

Puerperal Eclampsia.—In a case related by DUPAU, the patient had been delivered three hours, and was in a comatose state, when chloroform was first used. Death appeared imminent from convulsions. After three inhalations improvement took place, and the following day she had quite recovered. Journ. de Méd. de Toulouse, March, 1859.

In a case of puerperal convulsions (primipara) SCANZONI employed subcutaneous injection of morphia. The convulsions became less violent afterwards; subsequently to the injection, the delivery was effected by the forceps. Med. Times and Gaz., April 14, 1860.

Hysterical Paroxysm.—BRIQUET, believing that the hysterical paroxysm, when left to itself, becomes a predisposer to future attacks, is always in the habit of arresting it by means of chloroform. A small quantity of the vapour is sufficient, there appearing to be a peculiar susceptibility to the action of the drug under these circumstances. Arch. Gén., xiii, 664. Med. Times and Gaz., Jan. 7th, 1860, p. 19.

Treatment of Leucorrhœa in Young Girls by Clysters of Colocynth.—An infusion is prepared, one colocynth fruit being enough for three doses. First, a simple enema is given, followed immediately by the infusion. It produces a large number of stools, the latter ones being bloody. This treatment is said to have proved very successful. CLAUDE (Verdun), Journ. f. Kind., 1859, 9 and 10.

Puerperal Fever.—HADDEN (New York) reports a case where favorable results followed the use of infusion of digitalis, occasionally alternated with Tinct. Verat. Virid., in a case of puerperal fever in a primipara.

SERRES (d'Alais) has found digitalis of great efficacy in cases of puerperal fever. In eight out of nine cases a cure followed its use. It was given in doses of a "granule" of digitaline (= 1 milligramme, = $\frac{1}{68}$ grain), every four, five, or six hours. The diet must at the same time be of a supporting nature. Ann. de Thér., 1860, p. 120.

Témoin records the results of the employment of digitaline at the Maternité at Paris, under Delpech. It was given in doses of two to three or four "granules" per diem. The effect is not witnessed at once, but on the next day, or the day after that, when the frequency of the pulse becomes notably diminished. Of eight cases thus treated three were cured. Ann. de Thér., 1860, p. 124.

Inertia of the Uterus.—In cases where, from a variety of circumstances, ergot cannot be employed, when the volume of the organ is augmented, and clots, &c., are retained, Delpech finds the special action of digitalis on the uterus very useful. It is to be employed in doses of fifteen to twenty drops of the alcoholic tincture. Ann. de Thér., 1860, p. 128.

Freckles of Pregnancy.—When these persist after delivery, Hardy uses the following lotion:—Dist. water, 125 parts; corros. sub., ½ part; spir. wine, 9 parts, to dissolve it; sulph. zinc, acetate of lead, of each 2 parts. If this fail, Barèges or Luchon water. Bull. de Thérap., 1860, April, 392. Med. Times and Gaz., June 9, 1860, p. 583.

Chronic Affections of the Uterus.—The "Tintenquelle" of Medersdorf, a watering place near Wittenberg, Prussia, is stated by an anonymous writer in the 'Med. Times and Gaz.' (April 21, 1860, p. 414) to be of great efficacy for the relief of chronic inflammation of the uterus. The water is a sulfo-aluminous chalybeate.

Amenorrhœa.—Riget recommends that iodine should be rubbed in over the abdomen in cases of menstrual suppression. Moniteur des Sciences, No. 130. Med. Times and Gaz., Dec. 1, 1860, p. 540.

Leucorrhœa. — Pockels successfully employs secale cornutum and catechu, as much of each as will lie on the point of a knife, three times a day, in leucorrhœa from chronic diseases of the uterus. Varges' Ztst., 14, 7. Med. Times and Gaz., Sept. 15th, 1860, p. 270.

Stomatitis Materna.—Brandon, of Georgia, recommends turpentine, in doses of twelve drops, three times a day, for the cure of this affection; castor oil or laudanum is combined, according to the state of the bowels. Am. Jour. of Med. Sc., April, 1860, p. 576.

This disease, "the result of a peculiar impoverishment of the blood, resulting from the tax upon its substance by the development of the fœtus and subsequent lactation." Fountain has treated successfully by the "syrup of the phosphates." Am. Med.-Chir. Rev., Jan. 1860, p. 89.

Tannin Cylinders in Uterine Disease.—As employed by Becquerel, these are composed of—tannin 4 parts, tragacanth 1 part, and crumbs of bread; they are made 5 millimètres in diameter, and 3 centimètres long. The cylinder is introduced through the speculum into the uterus, by the aid of the long forceps, and retained in its place by charpie steeped in concentrated solution of tannin. In twelve hours the charpie is withdrawn, the cylinder itself is then dissolved. In three or four days the operation is repeated, and so on. Under this treatment fungosities cease to be formed, and hæmorrhage is arrested. Ann. de Thér., 1860, p. 164.

Vaginitis and Superficial Inflammation of the Cervix Uteri treated by Tannin Ointment.—FOUCHER finds the employment of tannin in this form preferable to injections. The ointment is made up in the form of a ball, to which a thread is attached. After withdrawing the thread, an alum injection to be employed. Bull. de Thér. Ann. de Thér., 1860, p. 165.

Vaginitis.—DEMARQUAY employs a solution of 10 to 20 parts of tannin in 100 parts of glycerine. A tampon, dipped in the solution, is introduced daily. Gaz. Hôp., 1859, p. 105.

Vomiting of Pregnancy.—CORVISART finds pepsine invaluable in these cases, if the vomiting be due to an altered condition of the gastric fluid. If dependent on sympathetic muscular irritability of the stomach, it is valueless.

MILLER, believing this symptom to be dependent on inflammation of the cervix uteri, paints the latter freely with ethereal tincture of iodine in order to cure the vomiting. Cases are cited to prove the utility of the practice. Bost. M. Journ., pp. 61, 70. Med. Times and Gaz., July 21st, 1860, p. 64.

DISEASES OF CHILDREN.

Aphthæ.—GUILLOT finds the following *local* treatment very successful. Surrounding the finger with a piece of coarse linen, the whole of the inside of the mouth is rubbed with some force, so as to detach the cryptogamous production. A stick of nitrate of silver is then passed gently over the tongue and parietes of the mouth. One application is generally enough. Rev. Méd., Dec., 1859, p. 699. Med. Times and Gaz., Jan. 14th, 1860, p. 43.

FLUGTEL washes the mouth several days in succession with a solution of kitchen salt. Rev. Méd., March, p. 305. Med. Times and Gaz., April 14th, 1860, p. 377.

Ascarides.—Dr. OGIER WARD finds enemata of sulphuric ether effectual only at first, the ascarides appearing again subsequently. He believes that the common notion of the seat of the ascarides being the rectum is incorrect, and that it is probable their *habitat* is the sigmoid flexure or the cells of the colon. Brit. Med. Journ., Oct. 6th, 1860, p. 776.

BRISBANE finds a combination of santonine and castor oil very efficacious in the removal of ascarides (*A. lumbricoides*); 2 to 8 grs. of santonine mixed with castor oil at night, followed by a dose of senna next morning. Med. Times and Gaz., June 9, 1860, p. 589.

HERVIEUX finds castor oil the best of all purgatives. The daily injection of cold water is the best means to adopt when the oil cannot be taken. Bull. de Thérap., pp. 56, 223. Med. Times and Gaz., Feb. 11, 1860, p. 149.

COMPÉRAT recommends repeated injection of sulphuric ether, diluted with water. L'Union Méd., July 19, 1859.

Convulsions in Children.—HARDEE employs the ethereal tincture of valerian, in doses of four to six drops every fifteen to thirty minutes, and has found it highly beneficial in several cases. Atlanta Med. and Surg. Journ., Sept., 1860.

Dentition Syrup.—DELABARRE's syrup is composed of fresh tamarind syrup, honey, and saffron. It is rubbed on the gums of the infant. Ann. de Thér., 1860, p. 176.

Erysipelas around the Umbilicus of Infants.—Legroux smears the affected part with glycerine; it is then powdered over with a mixture of equal parts of calomel, starch, and tan, to be renewed two or three times a day. Gaz. Hôp., May 12, 1860.

Incontinence of Urine.—The extract of rhus radicans was successfully employed by DESCOTES in a case of incontinence of urine, combined with general atony, in a girl aged twelve. The medicine was given for eight days in form of pills, 5 centigrammes per diem. It was necessary to leave it off occasionally on account of its producing giddiness; but the disease was after a time cured by its means. Ann. de Thér., 1860, p. 58.

DEBOUT uses with advantage gum mastic, 8 drachms, mixed with a sufficient quantity of syrup, and divided into 64 or 128 pills. The whole to be taken within four days, *i. e.* 1 drachm morning and evening, two hours before or after a meal. In more than two thirds of the cases a cure is effected. Ann. de Thér., 1860, p. 97.

Nævus.—BUJALSKY effected the removal of a nævus from the temple of a new-born child, by pencilling the growth twice a day for three months with creasote. Med. Zeit. Russl., p. 38. Med. Times and Gaz., Jan. 7th, 1860, p. 20.

Ophthalmia Neonatorum.—FOUCHER employs a collyrium composed of glycerine, 30 grammes, and nitrate of silver, 10 to 20 centigrammes; a drop of the collyrium to be applied by means of a camel's-hair brush, after washing the eye with a weak solution of chloride of soda (of the codex). Ann. de Thér., 1860, p. 252.

Hooping-cough.—HOCHSTEKER regards the oxide of zinc as a specific. To infants, two to four months old, 1 or 2 grains are to be given daily; at a later age, 3 to 10 grains. Ann. de Thér., 1860, p. 258.

FLEHINGER uses chloroform in combination with olive oil (equal parts) in a liniment, which is to be rubbed on the breast, sides, and back. If bronchitis is present, inhalation short of producing anæsthesia is recommended; 15 to 20 drops on cotton, every two hours. Memorab. aus der Praxis, p. 30, 1859. Am. Med.-Chir. Rev., Jan., 1860, p. 159.

ASCHERLEY gives to infants, six months old, nitric acid, diluted with tincture of canella, syrup and water, in increasing doses, 5 to 15 drops every three hours. Frictions of the chest by means of a stimulating embrocation. Ann. de Thér., 1860, p. 170.

Affections of the Respiratory Organs in Children.—JACOBI finds sulphuret of antimony of great service after the acute stage of pertussis, pneumonia, and bronchitis in children; 1 grain every two hours in children one year old, and 2 grains, from four to eight times daily, in children two to three years old. Journ. f. Kind., Sept. and Oct., 1859.

Prolapsus ani in Children.—Foucher treated a case of prolapsus ani in a child aged 4, by subcutaneous injection of 10 drops of a solution of sulphate of strychnia, in the strength of 20 centigrammes to 20 grammes of water. A second injection of 14 drops at the end of twenty-four hours was followed by cure. Gaz. Hôp., July 14, 1860.

Semanas.—*Treatise on Frictions with Quinia in Diseases of Children.* Paris and Lyons, 1859, p. 223. N. Y. Journ. Med., March, 1860, p. 283.

The author administers quinia externally, believing that in this manner the same result is obtained as by internal administration of the drug. The epidermis, it is stated, absorbs so much of the medicine as is required for the cure, and no more.

Ringworm.—Little states that Brazilian powder, or powder of Bahia, mixed into a paste with lime-juice or vinegar, and rubbed into the part affected, removes the disease after three or four applications. Its application gives no pain. Edinb. Med. Journ., April, 1860, p. 966.

REPORT

ON

LEGAL MEDICINE AND PUBLIC HYGIENE.

BY

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MANUALS AND GENERAL TREATISES.

HENKE.—*Text-book of Legal Medicine in aid of Academical Lectures, and for the use of Practitioners of Medicine and Law.* 13th edition, with appendices, by Prof. Carl Bergmann, of Rostock. Berlin, 1859, Canst., vol. vii, p. 1.

In the appendices to the new edition of this well-known work, Prof. Bergmann has, in opposition to the doubtfully expressed opinion of the author, brought forward additional proofs illustrative of the practical importance and real value of the lung test. He has further given an abridged synopsis of the chemical researches on poisons of Prof. Franz Schulze, and extracts from the criminal codes and proceedings of the criminal courts in the principal German states.

LAZZARETTI.—*Forensic Medicine, or a Rational Method of Solving the Questions which present themselves to the Medical Practitioner in Civil and Criminal Proceedings,* 1859. Abstract from Anal. Bibliog. of Dr. Turschetti, Milan, 1859. Canst., vol. vii, p. 1.

This book is an attempt to bring the principles of civil and criminal jurisprudence into relation with those of the anthropological sciences. It is divided into three parts. The first is devoted to the determination of the limits of moral responsibility as influenced by the various relations and conditions of life, such as age, sex, temperament, race, &c. In treating of race, the author communicates exact observations on cretinism, and on the relation between the form of the skull and the varieties of the human race. The psychological parts of the work are more completely elaborated than any other. Abnormal mental conditions are carefully described with reference to their causes, phenomena, and medico-legal bearings, in relation to which the philosophical views of Kant and Rosmini are taken as a basis. The second part includes all questions relating to marriage, inheritance, viability of the fœtus, birth, and pregnancy. The third part treats of all those cases in which scientific research is called for in relation to crime.

DAMBRE.—*A Treatise on Legal Medicine and the Jurisprudence of Medicine.* 1st vol., Ghent, 1859. Canst., vol. vii, p. 1.

This book is intended to afford to the Belgian practitioner a complete practical guide in all his duties in relation to the administration of public justice. The first part, on the jurisprudence of medicine, is entirely practical. It treats of the rights and obligations of the medical or scientific witness, medical fees and charges, the responsibilities of the medical practitioner, and all matters commonly included under the term medical ethics. The second part is devoted to legal medicine strictly so called, which is understood by the authors to be the expression of all the relations which exist between law and legislation and the medical and natural sciences.

BECK; GILMAN.—*Elements of Medical Jurisprudence.* Philadelphia, 1860.

This edition contains new contributions by well-known American authors, by which the treatise is advanced to the present state of the science. It is edited by Dr. Gilman, of New York, who is the author of much of the additional matter.

WUNDERBAR.—*Biblico-talmudical Medicine.* New series, part 2, State Medicine and Med. Jur. of the Ancient Israelites. Canst., vol. vii, p. 1.

KALISCH.—*Medico-legal Opinions of the Royal Prussian Scientific Commission for Medical Affairs*, 1840-50. Leipsic, 1859. Canst., vol. vii, p. 1.

GUERDAN.—*The Absolute Necessity of the Study of the Genetico-historical Methods of Diseases, from the point of view of State Medicine, &c.* Deut. Zeitsch., vol. xiv, p. 197.

CASPER.—*Pract. Handbook of Forensic Medicine, elaborated from original Experience.* In 2 vols., with an atlas and 10 coloured plates. 3d edition, enlarged and revised. 1. Biological part, pp. 680. 2. Thanatological part, pp. 913. Berlin, 1860.

BODILY INJURIES AND WOUNDS.

SANTLUS.—*The Medico-legal and Judicial Principle of Punishment in respect of Corporeal Injuries.* Henke, vol. xl, part i, pp. 95-146. Schmidt, vol. 106, p. 82.

The author disapproves of the usually accepted principle that the degree of punishment should be determined by the consequences of the act, that is, by the disability consequent upon it; it should rather depend on the degree of the lesion, that is to say, on the nature and quality of the injury itself. He is of opinion that this must be estimated in relation to—(1) the antecedent instrumentality of the act, (2) the organ which is affected, and (3) the disturbance of function induced thereby. He proposes to found a classification of injuries in relation to punishment, in the first place, on disturbance of function, with regard to which he distinguishes between those in which no such disturbance exists, those in which important functions are deranged, and those in which all function is annihilated; these distinctions being further qualified in relation to locality, time, and instrumentality. The author sees in the adoption of his views the only means by which the gap which now exists between the physician and the judge may be bridged over, and the discrimination of lesions in relation to the punishment they deserve may be freed from the distortion to which it is subject according as it is regarded in a medical or judicial aspect.

TOULMOUCHE.—*On the Lesions of the Cranium, and of the Organ it contains, considered in a Medico-legal point of view.* Ann. d'Hyg., vol. xii, p. 395, and vol. xiii, pp. 143, 399.

Impressed with the necessity of studying the lesions to which injuries of the head give rise, in a more methodical and positive manner than has been hitherto done, the author has minutely recorded a large number of observations of the post-mortem results of such injuries, and has added to each observation a commentary, having for its object to point out the inferences derivable from the lesions found, as to the nature of the instrument, the intensity and direction of the force employed, the duration of life after the injury, and the immediate cause of death. Injuries of the head are divided into three categories. Of these the first comprises wounds of the integuments, and involves the discrimination of the nature of the implement, the determination of the mode in which the injury has been inflicted, the duration of the consequent incapacity for work, and the inference derivable from the appearances of cicatrices regarding the time which has elapsed since the act. The following is a summary of the observations. Obs. I. Incised wound of the left side of forehead; consequent erysipelas of face, and phlegmonous abscess of the same side of neck; death by meningitis. Obs. II. Wounds of the scalp; question whether produced by a fall or by violence, by a cutting or pointed instrument; consequent erysipelas and phlegmonous inflammation of the scalp, and fatal arachnitis. Obs. III. Wounds of the scalp above the right ear, inflicted by a stab from a knife, the direction of which was inwards and forwards. Obs. IV, V, and VI. Various cases of contusion. Obs. VII. Extensive incised wound of the scalp above the left ear, directed forwards, upwards, and to the right, and accompanied with contusions; consequent fatal hæmorrhage. Obs. VIII. Wound of the left side of the head, by a blow from a blunt instrument, directed forwards and upwards; incapacity for work for more than twenty days. Obs. IX and X. Cases in which inferences as to the lapse of time since the injury were drawn from the appearances of cicatrices. Obs. XI. Injury of the lower jaw; inferences as to the nature of the injury, and duration of incapacity for work, derived from the cicatrix.

The second section comprises injuries of the head attended with fracture. Of these twenty-two observations are recorded, which are divided according to the medico-legal significance of the lesions found. The following is a summary of their most prominent points. In Obs. XI, XII, and XIII, the lesions were of such a nature as to indicate that death had occurred instantaneously—contused wound with fracture and very extensive superficial effusion of blood, consequent on blows inflicted on three individuals with the same weapon—an iron bar. Obs. XIV. Similar injury and mode of death; superficial and intra-ventricular sanguineous effusion. Obs. XVI. Similar injury; primary laceration of brain and very extensive hæmorrhage external to dura mater; consecutive cephalitis and arachnitis; extent of lesions immediately consequent on injury such as to imply immediate death; this inference contradicted by existence of secondary lesions; actual duration of case, four days. Obs. XVII. Blow from a flint; fracture of frontal bone, effusion of blood and "puriform albumen" external to dura mater. The patient, a female, æt. 24, was able to follow her occupation until twelve days after the injury, when symptoms of compression appeared suddenly, followed by death in five hours; inference, that the injury was not essentially mortal. Obs. XVIII. Blow from a sharp stone; abscess of anterior lobe of left hemisphere; arachnitis of right side. Obs. XIX. Ecchymosis of the eyelids, fracture of the bones of the nose; immediate loss of consciousness; recovery. Obs. XX. Contusions of face and head, no fracture; slight effusion of blood on the surface of brain and in the left internal temporal fossa; inference, sudden cerebral congestion occasioned by a fall down a stone staircase, followed immediately by concussion and slight hæmorrhage. Obs. XXI. Fall and blows on the right side of head; extensive superficial sanguineous effusion; absence of lesion of integuments or fracture; pre-existing softening of right optic thalamus: inference, that lesions were dependent secondarily on previous disease. Obs. XXII. During life, fracture of inferior maxillary bone; hæmorrhage from the nose and ears: inference, fracture of base. Obs. XXIII. Fracture of base and of right parietal, frontal, and temporal bones; double effusion of blood; 1, superficial, subjacent to fracture; 2, in the left internal temporal fossa: inference, that the injury was consequent on a fall. Obs. XXIV (during life). Case of fracture of the base, consequent on a fall during a quarrel. Obs. XXV. Extensive sanguineous effusion both internal and external to dura mater; depressed fracture of frontal, of right and left parietal and temporal bones; absence of external wound: inference, that the injury was occasioned instantaneously by a very violent blow with an instrument of great breadth.

The third section is devoted to "diseases of the brain and its membranes which have given rise, in consequence of ill-founded charges, to judicial autopsies without result," viz., "cerebral congestion, meningitis, acute hydrocephalitis, apoplexy, and eclampsia." Obs. XXVI. Cerebral congestion and pulmonary apoplexy; absence of indications of violence; sudden death during the act of digestion. Obs. XXVII. Suspicion of poisoning; arachnitis; absence of all indications of toxical action; analysis with negative result. Obs. XXVIII. Suspicion of violence; arachnitis with central softening. Obs. XXIX. Suspicion of violence; serous effusion not only in the ventricles, but also at the surface of the brain; abscess of the spleen, purulent absorption. Obs. XXX. Suspicion of violence; enormous effusion of blood in the ventricular cavity. Obs. XXXI. Serous effusion in the cavity of the arachnoid, and in the ventricles of the brain; violent blows on other parts of the body, inflicted twelve days previously. Obs. XXXII. A child, æt. 12; convulsions occasioned by bundles of lumbrici in the small intestine; cerebral congestion: improper administration of brandy and pepper.

PITHA.—*Remarkable Case of Traumatic Inflammation of the Sinuses of the Skull. A Contribution to the Diagnosis of Injuries of the Head.* Oest. Zeitsch., vol. v, p. 1.

The injuries consisted in sabre wounds involving the periosteum, and penetrating the bone at the left temple and mastoid process. During the first four weeks, slowness of pulse was the only cerebral symptom. At the end of that period, sudden acceleration of the pulse, pyæmia, lobular pneumonia, phlebitis of the internal jugular, and death in three days.

Three of the wounds were cicatrized, but the fourth was still open, and at the root of the mastoid process there was a loss of substance as large as a bean. This wound was covered with gray pus and finely granular exudation, and the bone was roughened around the neighbouring *vena emissaria.* The dura mater of the basilar process was covered with a layer of exudation ; the left sigmoid and petrosal sinuses and both cavernous sinuses were filled with pus. There was, thus, purulent infection of the cerebral blood, by direct entrance of the pus from the wound into the neighbouring transverse sinus, through the *vena emissaria mastoidea.*

TARDIEU.—*Medico-Legal Study on Ill-Usage and Maltreatment of Children.* Ann. d'Hyg., vol. xiii, p. 361.

This paper is devoted to the injuries inflicted on children by parents, schoolmasters, and others. The injuries are various, inflicted by the hand or fist, or by instruments of every imaginable kind. The victims are usually children of tender age ; of the cases related, seventeen of the subjects were under five years, seven under ten, four between eleven and fourteen, and in two cases the cruelties had continued till the age of seventeen. In twenty-four cases they were inflicted by the parents, in four by schoolmasters, and in one by a mistress on an apprentice. The poor children exposed to ill-treatment were pale and emaciated, and exhibited the aspects of precocious decrepitude ; but it was wonderful to observe how rapidly they recovered when removed from the charge of their tormentors. Of the thirty-two cases, eighteen terminated fatally ; in some, death was the direct result of a single act of violence ; in others, the child died during the act of cruelty, death occurring by the mere effect of the ill-treatment without any necessarily mortal wound. Such are the cases of prolonged flogging of which, in addition to one recorded by himself, the author cites two others (" Considérations Méd. Lég. sur deux cas assez rares d'Aberration mentale," Ann. d'Hyg. 1853) related by M. Toulmouche. In a third category are included the cases in which privations of all kinds induced a gradual constitutional exhaustion, terminating in death or a fatal disease. The paper is accompanied by a collection of observations, of which the first series contains cases of mere ill-treatment ; the second, cases of ill-treatment accompanied with horrible tortures, not fatal ; the third, fatal cases.

TARDIEU.—*Observations and Experiments on Combustion of the Human Body, and on Gun-shot Wounds.* Ann. d'Hyg., vol. xiii, p. 124.

In April, 1859, a man was found in his house supposed to be murdered. He had received a gun-shot wound in the region of the heart, and the clothes covering the chest were on fire. The hands were also severely burnt. It was suggested that the fire had been kindled by the powder, and that the weapon had been discharged at a very short distance. With a view of determining the exact *time* of the supposed murder, the question was submitted to the Academy of Medicine "to determine as precisely as possible, according to the condition of the body and the facts related, the duration of the combustion." The conclusions arrived at were, that it was almost impossible that the burning of the dress and integuments should have resulted by communication from the burning powder, especially as the part of the shirt at which the shot was received was not destroyed; that on the opposite supposition the burning of the hands could not be explained, and that it was impossible to determine the duration of the combustion. The paper contains important experiments undertaken with a view to the elucidation of the effects of the discharge of firearms at very short distances, in setting fire to different textile materials.

TARDIEU.—*Medico-Legal Investigation of a Case of Violent Death by Gun-shot. Question of Suicide or Accident.* Ann. d'Hyg., vol. xiii, p. 443.

On the 7th of September, 1858, a traveller took a cab at the Lyons railway station; the driver, as he was passing along the Boulevard Beaumarchais, heard a report of firearms in the carriage; and, on stopping, found his fare sitting in the left corner with his legs crossed; a double-barrelled gun, with the left barrel discharged, rested against the front of the carriage on the right side. The direction of the wound showed that the charge entered above the left eyebrow, and passed almost horizontally from right to left, carrying away the left side of the skull. The author demonstrated, from the direction of the wound, from the obliquity implied by it in the position of the gun considered in relation to the smallness of the carriage, that the shot must have been premeditated and suicidal.

MÖLLER.—*On the Influence of strong External Pressure on the Production of Sugillation.* Casper, vol. xvii, p. 85, Jan., 1860. Schmidt, 105, p. 52.

For the investigation of this question the author experimented on animals. The limbs or other parts operated upon were placed between two boards, which were suddenly forcibly approximated either by a screw or a heavy weight of iron; the pressure was kept up for twenty minutes, the animals having been previously etherized. No sugillations took place excepting in parts which were protected, and in cases in which the animal could not be restrained from movements of such violence as to interfere with the pressure. The investigation arose out of a case in which the body of a man was found compressed between the stones of a mill.

SCHRÖTER.—*Fracture of the Basis Cranii, and Fracture with Depression of the Calvarium. Sero-sanguineous Discharge from the Ears.* Med. Corresp. Blatt., vol. xxix, p. 2. Canst., vol. vii, p. 8.

A case, which terminated favorably, in which a diagnosis of fracture of the base of the cranium was founded on profuse hæmorrhage into the pharynx, as well as from the nostrils and right ear, discharge of cerebro-spinal fluid from the latter, and paralysis of the auditory, oculo-motorius and abducens nerves.

DOLL.—*Judgment and Opinion on an Injury of the Head, with Depression of Bone.* Oest. Zeitsch., vol. v, p. 16.

HOFFMANN.—*Practice of Legal Medicine.* Deut. Zeitsch., vol. xiv, part 2.

Case 1. Penetrating wound of the skull; injury of the meningeal artery; effusion of blood into the cranial cavity; injury of the brain and its membranes. *Case* 2. Ill-treatment, consisting in pressure on the windpipe and a blow on the stomach; convulsions; gastric disorder and dysphagia attributed to fracture of a laryngeal cartilage; improbability of this form of injury; incapacity for work lasting two and a half months. *Case* 4. Fracture of skull by a sling; inflammation of the brain with suppuration; death.

JOTHNER.—*Two Cases of fatal Somatic Injuries.* Deut. Zeitsch. Neue Folge, vol. xiv, part 2.

Two cases of fracture of the skull complicated with extravasation, inflammation of the brain and its membranes, and suppuration.

KALISCH (loc. cit.)—*Case 5. Injury of the Head, with Extravasation into the Cranial Cavity. Case* 11. *Severe Injury of the Brain; Trephining; two Splinters of Bone left in the substance of the Brain. Question of Mala Praxis.*

ADLER.—*Injuries of the Blood-vessels.* Friedreich, vol. x, part 1. Canst., vol. vii, p. 8.

An inaugural dissertation, in which the injuries of blood-vessels are studied in a medico-legal point of view. The author has minutely analysed the possible sources of danger in forty-one varieties of injury.

WEHLE.—*On the Medico-Legal Discrimination of Injuries.* Ungar. Zeitsch., vol. x, p. 43.

TOULMOUCHE.—*Penetrating Wounds of the Chest, in their Clinical and Medico-Legal Aspects.* Ann. d'Hyg., vol. xi, p. 456.

MASCHKA.—*Abortion consequent on a Blow on the Belly. Peritonitis terminating fatally in the absence of medical assistance.* Oest. Zeitsch., vol. v, p. 20.

THOMAS.—*Medico-Legal Criticism of Injuries of the Liver.* Friedreich, vol. x, part 3.

HOFMANN.—*Accusation of Burglary and Theft, &c.* Henke, vol. xxxix, part 2. Canst., vol. vii, p. 7.

BÜCHNER.—*Permanent or Transitory Incapacity for Work? Superarbitrium in a case of Injury to the Spinal Marrow.* Deut. Zeitsch., vol. xiv, 2, p. 356.

KRÜGELSTEIN.—*Cruel Treatment of an Old Man by Exposure and Starvation.* Henke, vol. xl, p. 147.

KLOB.—*Frequency of Hypostatic Pneumonia in Elderly Persons, and the Influence of the same on the Medico-Legal Discrimination of slight Injuries which confine the patient to bed.* Wien. Ztsch. N. F., vol. iii, p. 21.

LANGENDORF.—*Medico-Legal Discrimination of the Consequences of Immoderate Punishments inflicted on Children by Parents and Guardians.* Deut. Ztsch. N. F., vol. xv, p. 3.

TARDIEU.—*Observations and Experiments on the Effects of the Discharge of a Cannon loaded with Powder, &c.* Ann. d'Hyg., vol. xi, p. 419.

An investigation arising out of a case of fracture of the forearm, with extravasation, alleged to have been produced by wadding.

KÖNIG.—*In what way did the mortal Gunshot Wound happen to the Forester?* Henke, vol. xxxix, part I.

FRICKHÖFER.—*Medico-legal opinion on a case in which Gunshot Wound was complicated with other injuries.* Casper, vol. xvi, part I.

HASCHEK.—*Bodily Violence to a Pregnant Woman.* Oest. Zeitsch., vol. v, pp. 17, 18, 19. Canst., vol. vii, p. 6.

Case in which abortion was supposed to be consequent on an injury to a woman in the sixth month of pregnancy.

SIEBENHAAR.—*Contributions to the Medico-legal knowledge of Injuries of the Head.* Henke, vol. xl, p. 177.

VOGT.—*A case of Injury in a Medico-legal point of view.* Schweiz. Mon. Schr., vol. iv, p. 277.

WEHLE.—*Contribution to the Medico-legal Discrimination of Injuries.* Ungar. Ztschr., vol. x, p. 43.

HASCHEK.—*On cases of Injuries of the Head in their Medico-legal relations.* Wien. Ztschr., N. F., vol. iii, p. 18.

BLOOD-STAINS.

ROBIN and TARDIEU.—*On the Microscopical Examinations of different kinds of Stains.* Ann. d'Hyg., vol. xiii, p. 416.

This paper consists of a series of observations by the authors made on stains submitted to them in the course of medico-legal inquiries. The investigations were of the following nature:—viz., the examination of blood-stains with reference to the question of the sex of the individual; of stains supposed to be sanguineous, but in reality fly-marks; of spots of varnish; of stains consisting of blood mixed with epidermis and the downy hairs of a new-born infant (satisfactory proof was obtained that the garment on which the spots were found must have been in contact with the body of a fœtus immediately after birth); of stains presumed to be of meconium, proved to consist of expectoration; lastly, spermatic stains. In all of these cases the conclusions of the authors were derived, for the most part, from microscopic examination, and they afford a remarkable illustration of the superiority of the microscope over the older methods, as a means of appreciating all kinds of stains.

V. KLETZINSKY.—*On certain Analytical Applications of Glycerine, and on the Hæmatosine Test.* Oest. Ztschr., vol. v, p. 42. Canst., vol. vii, p. 13.

Glycerine, according to the author, may be more advantageously employed for the purpose of dissolving out dried remains of blood-stains than syrup, which is commonly in use, as being liable neither to become acid nor to the development of spores of fungi, as having the property of readily soaking, penetrating fatty tissues, and as being much more readily incinerated. For this purpose the glycerine of commerce must be thoroughly pounded with one tenth of its weight of pure carbonate of baryta, or one twentieth of pure chalk; in this manner the glycerine is deprived of its acid reaction. It is now to be filtered and diluted with eight times its volume of distilled water. The product is a very stable liquid, of about 1028 sp. gr. In order to demonstrate the change of colour from red into green, so characteristic of the colouring matter of the blood, Kletzinsky employs phosphate of magnesia. Three grammes of magnesia are to be made into a milk with 100 centimètres of distilled water, to which thirty centimètres of dilute phosphoric acid, of the specific gravity of 113 (15 per cent., PO_5), are to be added, and after digesting for some time, to be filtered, and reduced by evaporation to the volume of one litre. Of this liquid, which contains about eight per cent. of phosphate of magnesia, one cubic centimètre is sufficient to give a distinct indication of hæmatine, on adding it to the suspected liquid in an ordinary test-tube, in which it has been previously heated with potash. If hæmatine be present, the precipitated phosphate of magnesia will collect at the bottom of the test-tube, of a more or less distinct blood colour, edged with green.

A second method for the same purpose consists in precipitating with ammonia a solution of alum. The hydrate of alumina thus obtained is to be thoroughly washed on a filter, dissolved in caustic potash, and the solution evaporated to the volume of one litre. The suspected liquid is to be heated with two cubic centimètres of this solution. On the addition of one cubic centimètre of concentrated solution of chloride of ammonium, a precipitate of hydrate of alumina is obtained, which is to be allowed to stand for several hours; it will then display, if hæmatine be present, a very distinct dichromatism, in which green is the prevalent colour.

BÜCHNER and SIMON.—*Researches on Hæmin Crystals, and on their legal import.* Virchow's Archiv, vol. xv, parts 1 and 2. Canst., vol. vii, p. 13.

The following process for the detection of blood-stains is recommended by the authors as best adapted for medico-legal purposes. After separating the colouring matter of the stain from the object on which it is found, whether by mechanical means in the case of articles of wood or clothing, or by gently heating those made of iron, the effect of which is to make the stain peel off in scales, it is to be digested in acetic acid, with the aid of heat, until the acid becomes distinctly red, or reddish. From this solution crystals may be obtained by evaporation.

Murexide, both with and without acetic acid, forms crystals, which resemble those of hæmin both in form and colour; but the colour of the evaporated liquid, and its reaction with hydrochloric acid and potash, are perfectly distinctive. Hydrochloric acid decomposes murexide, and potash dissolves it of an indigo-blue colour.

SCRIBA.—*On a Characteristic Property of Blood-stains.* N. Jahrbuch f. Pharmacie, vol. xi, p. 289.

This paper relates to the medico-legal application of Teichmann's discovery, that blood yields, with acetic acid, rhomboidal crystals, of a substance to which he assigns the name of hæmin, in contradistinction to the crystals of hæmatoidine observed in blood left to itself. The stain is to be introduced into a test-tube, and boiled with glacial acetic acid; a few drops of the liquid are to be evaporated on a glass at about 120° Fahr., and examined under the microscope. The composition of the crystals, as determined by M. Merck, is 85 per cent. of organic matter and 15 per cent. of sesquioxide of iron.

HELLER and KLETZINSKY.—*Opinion and Result on a Chemico-legal Analysis of Blood-stains on a Hammer.* Oest. Zeitsch., vol. v, 12, 13. Canst., vol. vii, p. 13.

In this case a hammer was submitted to examination by maceration with syrup, and subsequent treatment of the solution with nitric acid and potash. By the former test albumen was discovered, and on adding phosphate of magnesia, as described above, the presence of hæmatine was also indicated. Iron was detected in the saccharine solution by sulphide of ammonium, ferrocyanide, and sulphocyanide of potassium. Finally, the addition of glacial acetic acid under the microscope yielded characteristic crystals of hæmatine.

MEYER.—*Report on the result of the Microscopical and Chemical Examination of a portion of Clothing with reference to Blood-stains.* Casper, vol. xvi, part 1.

FLEISCHER.—*Question of Blood or Soot.* Casper, vol. xvi, part 2. Canst., vol. vii, p. 13.

Black stains found in the mucous membrane of the stomach of a smelter, and supposed to consist of blood, were found to be soot.

RITTER.—*Contribution to the History of the Medical Detection of Blood-stains.* Henke, vol. lxxx, p. 31.

MEQUEL.—*On the Detection of Blood-stains.* Deut. Klin., No. 19.

SUDDEN AND VIOLENT DEATHS; MEDICO-LEGAL INVESTIGATION OF THE CAUSE AND MODE OF DEATH.

TARDIEU.—*On Strangulation.* Ann. d'Hyg., vol. xi, p. 107.

Tardieu gives, first, an historical sketch of the modes of strangulation, which he distinguishes into two forms, according as a ligature or the hand has been employed, and dwells upon the great variety which presents itself in the signs of strangling, which are dependent upon corresponding varieties in the duration of the constriction, the strength of the strangler, and the prolongation of the death struggle; the ordinary external indications of this kind of death are then described, as they exhibit themselves in the physiognomy and general aspect, the consequences produced by the resistance of the victim, and the mark of the constricting body. The injuries of internal organs consist in extravasations in the cellular tissue of the muscular layers of the region of the hyoid bone, and anterior surface of the larynx and trachea; in rare instances, fracture of the cartilages of the larynx, and luxation and fracture of the hyoid bone; various degrees of congestion of the mucous membrane of the air-passages, which contain reddish froth, with minute bubbles; general infiltration and uniform rose colour of the lungs, with almost constant rupture of the superficial air-vesicles, with emphysema of various extent; apoplectic clots in the substance of the lungs, but no sub-pleural ecchymosis. In conclusion, the author points out the application of these facts to the solution of the various medico-legal questions which arise in cases of death by suffocation.

ACKERMANN.—*Researches on the Influence of Suffocation on the Quantity of Blood in the Brain and Lungs, &c.* Virch. Arch., vol. xv, parts 5, 6. Canst., vol. vii, p. 10.

From experiments conducted according to Professor Donders' improved method of rendering visible the condition of the circulation of the brain in the living animal, the author concludes that death by suffocation is always connected with anæmia of the brain, the appearances of hyperæmia often observed after death being the mere result of a post-mortem mechanical sinking of the blood. The appearances of anæmia of the brain are most observable if the animal is strangled in such a position that the head lies higher than the body, and are even distinguishable if the head is somewhat lower. In other organs the author recognises the ordinary appearances of death by suffocation, viz., dark-red injection of the trachea, dark marbled appearance of the lungs, which in their posterior and internal parts are of a dirty blue or blackish-red colour; ecchymosis of the pleura, and often of the anterior wall of the ascending aorta; some emphysema of the margins of the lungs; impletion of the pulmonary artery and right side of the heart with dark blood; variable quantity and colour of the contents of the left side of the heart; and venous engorgement of the veins of the abdominal cavity. The proximate cause of the anæmia of the brain is to be sought for in compensatory changes of the quantity of the cerebro-spinal fluid; the other causes are the gravity of the blood, the contractility of the vessels of the encephalon, and the action of the heart. In reference to the hyperæmia of the lungs of persons suffocated, it is maintained that it is consequent on the difference of atmospheric pressure which is exerted on the outer and inner wall of the thoracic cavity, by means of which is also explained the unequal fulness of the two sides of the heart; and further, that the inconstancy of the cyanosis of the veins of the face, neck, and head, dependent upon the retardation of the stream of blood in the thoracic cavity, may be accounted for according to the nature of the compression of the neck and chest, and the mode in which the air-passages are closed. As, therefore, the quantity of blood in the thoracic organs is merely an expression of the *duration* and *mode* of obstruction to respiration, and as, further, cerebral anæmia is a regular accompaniment of death by suffocation, we are justified in having recourse to *apoplexia nervosa*, or neural paralysis, as an explanation of those cases of suffocation in which paleness of the brain or lungs is observed. The circumstance that the proximate causes of death by suffocation—the retention of carbonic acid in the blood, and the exclusion therefrom of oxygen—leave behind them no changes that are capable of anatomical demonstration, justify the conclusion that there exist no characteristic signs of death by suffocation.

CHAMBERT.—*Medico-legal Researches on the Differences of Burns during Life and after Death.* Ann. d'Hyg., vol. xi, p. 342.

VOGLER.—*Death by Delirium Traumaticum, or Delirium Tremens.* Henke, vol. xxxix, part 2.

LANGENDORFF.—*Inquiry respecting the Mode of Death of P. P—, found burnt in her room; Report and Opinion on the Autopsy.* Deut. Zeitsch., vol. xiii, part 1.

MÄRKLIN.—*On the Supervention of Rigor after Death by Lightning.* Casper, vol. xvi, p. 331.

MASCHKA.—*Contribution to Medico-legal Practice. Assault with Robbery—Strangled or Frozen?* Oest. Ztsch., vol. vi, p. 9.

PARROT.—*On apparent Death.* Diss. Inaug. Paris, 1860.

BEAU.—*Experiments on Death by Drowning.* Arch. Gen., vol. xvi, p. 84.

SCHINDLER.—*Suffocation; whether occasioned by an Internal or External Cause?* Casper, vol. xvii, p. 299.

BLOSFELD.—*Medico-legal Synopsis of Causes of Death; particularly on Death by Freezing, in reference to its Conditions and Causes.* Henke, vol. lxxx, p. 147.

MÖLLER.—*Discovery of Hyoscyamin in the Body; notwithstanding, mode of Death doubtful.* Casper, vol. xviii, p. 78.

MASCHKA.—*Medico-legal Contributions.* Casper, vol. xv, part 1. *Case 2. Blow on the Back; Phlegmon; Pyæmia; Death. Uncertain dependence of this result on the Injury.*

KALISCH.—Loc. cit. *Case 8. Question of Cause of Death; various violent Injuries; Exposure and Starvation during a cold winter night. Case 13. Neglect of several fatal Injuries.*

ZEISING.—*Case of Intentional Fatal Personal Violence, committed by several individuals.* Casper, vol. xvi, part 2. Canst. vol. vii, 6.

Case of death by serous apoplexy, consequent on numerous blows and injuries; question of cause of death.

ANGERSTEIN.—*Suicide by hammering in of a Wire Tack and introduction of Sewing Needles into the Brain.* Casper, vol. xvii, part 1.

BRIERRE DE BOISMONT.—*Medico-legal Researches on Suicide by Firearms, with reference to a Doubtful Case.* Ann. Méd. Psychol., 3d ser., vol. v, p. 586.

SCHMIDT.—*Case of Attempted Hanging.* Deut. Ztsch., vol. xiv, p. 104.

BORCHARD.—*Medico-legal Cases of Sudden Death.* Journ. de Bord., 2d ser., Jan., 1860.

BORCHARD.—*Suicide or Murder of a Prisoner confined with another.* Journ. de Bord., 2d ser., vol. v, p. 175.

DES ETANGS.—*Studies on Voluntary Death; Political Suicide in France, from 1789 to the present time.* Paris, 8vo., p. 535, 1860.

BORCHARD.—*Suicide by Strangulation.*—Journ. de Bord., 2d ser., vol. v, p. 349.

MANDY.—*On Suicidal Mania, and on the Suicide of Count Szechenyi in its Medico-legal relations.* Journ. de Brux., vol. xxxi, p. 193.

MASCHKA.—*Mark of Cord, and incised Wound of Neck; question of Murder or Suicide.* Oest. Zeitsch., vol. v, p. 49.

BÜNAU.—*Incendiarism and Poisoning by Phosphorus, accomplished by a Girl of twelve Years.* Casper, vol. xvi, p. 305.

CESSNER.—*Accusation of Murder.* Oest. Ztsch., vol. v, 52.

HARTUNG.—*Murder or Suicide.* Casper, vol. xvii, pp. 105—116.

HUBER.—*Apparent Death, and Inspection of Dead Bodies.* Oest. Ztsch., vol. v, 46.

NUSSER.—*Contributions to the Practice of Medical Police; Suicide by Firearms; Simulation of Birth.* Oest. Ztsch., vol. v, 48.

RICKER.—*Murder by the Introduction of the Body into a Mill at work.* Casper, vol. xvii, p. 33.

ROSSTOCK.—*Murder of a newly born Child by preventing Respiration, without perceptible External Indications of Violence.* Henke, vol. xl, p. 160.

NIEMANN.—*Medico-legal Autopsies; Third Hundred.* Henke, vol. xxxix, part 2.

Death in consequence of being run over.—1. Run over; laceration of the diaphragm, with rupture of the lung, liver, spleen, and kidneys. 2. The same; injury of several organs; fracture of the ribs; partial emphysema. 3. Fracture of the ribs on both sides; penetration of splinters into the cavity of the thorax. 4. Fracture of the ribs, with extensive emphysema. 5. Laceration of jejunum, consequent on a blow from the pole of a carriage. 6. Fracture of the bones of the skull. 7. Fracture of the base of the cranium. 8. Laceration of the liver; survival fourteen days. 9. Laceration of posterior surface of right lung. 10. Laceration of lung. 11. Fracture of os pubis. 12. Injury of the bladder and rectum.——*Gun-shot injuries.*—13. Suicide; injury of liver, spleen, pancreas, and heart. 14. Comminuted fracture of the bones of the head; question of suicide. 15. Gun-shot wound of knee; death from tetanus at the tenth day. 16. Ditto of thigh; death by tetanus. 17. Ditto of arm; injury of ribs, lungs, diaphragm, spleen, liver, and stomach. 18. Ditto of mesentery and jejunum. 19. Ditto, with a conical ball, entering the stomach, diaphragm, and thorax, without injury of the lungs or heart. 20. Ditto, with comminuted fracture of the pubis, and injury of the bladder. 21. Ditto of thorax; several shots. 22. Ditto of pericardium and heart, spleen, and right arm. 23. Ditto, with small shot, of thigh; death by gangrene. 24. Ditto of the temples; separation of the periosteum and dura mater; death from intra-cranial suppuration.——*Injuries of the head.*—25. Depression of bone with extravasation. 26. Penetrating wound; fissure with depression. 27. Injury with a hammer; cerebral suppuration. 28. Injury of head; depression with suppuration. 29. Injury of frontal bone; cerebral suppuration. 30. Fracture of nasal bones; arachnitis. 31. Injury of orbit by a pitchfork; extravasation. 32. Longitudinal fissure of base of cranium. 33. Injury of the head; fissure of petrous portion of temporal bone. 34. Fracture of the skull, consequent on a fall, with injuries of the extremities and laceration of the lungs. 35. Fracture of the bones of the skull, with softening of the brain. 36. Fracture of the skull. 37. Fracture of the cervical vertebræ, consequent on a fall from a height. 38. Violence to the head; cause of death doubtful. 39. Sugillations on the head and knee-joint; apoplexy. 40. Violence to the head; burns; death by pneumonia. 41. Various injuries; death consequent on a box on the ear; arachnitis. 42. Similar. 43. Violence to the head; chronic inflammation of brain after two months; death six months after the injury. 44. Violent injury to the head; death from effusion, consequent on arachnitis, on the seventh day. 45. Case in which death, probably consequent on a fall, was attributed to violence to the head. 46. Case in which death by cholera was attributed to violence. 47. Death by violence; autopsy thirteen days after.——*Injuries of the great vessels of the lungs, heart, and liver.*—48, 49. Murder, by injury to the great vessels of the neck. 50. Laceration of the left auricle of the heart, by a fall from a window. 51. Fatal injury of the heart (Herzens Mittels) by a scimitar wound. 52. Fatal injury of the lungs and internal mammary artery. 53. Fatal injury of the liver by the fall of a sack from a crane. 54. Rupture of the liver and lungs in a woman advanced in pregnancy, in consequence of a fall from a window; Cæsarean section after death.——*Injuries of the extremities.*—59. Fracture of the clavicle, attributed to a blow; caries; pulmonary abscess. 60. Various injuries consequent on a fall from a window of a pregnant woman; Cæsarean section after death. 61. Dislocation and fracture of the clavicle; dislocation of the humerus; death from pleuritis and peritonitis.——*Death by strangulation and suffocation.*—63. Suffocation; injury of the head; fracture of lower jaw. 64. Strangling not drowning; mark of a noose (Stangrinne mit einem Knebel). 65. Suffocation. 66. Ditto, with burn. 67. Death attributed to forcible suffocation, proved to be by tuberculosis.—*Death by Burning.*—68, 69. Almost complete combustion of one body; partial of two others. 70. Death by burning. 71. Ditto; rupture of liver. 72. Ditto; question of suicide. 73. Ditto; separation of the head from the body.

POISONS AND POISONING.

1. *Poisons in general.*

NIEMANN (loc. cit., part 3).—*Death by Poisoning.*—89. Poisoning by nitric acid. 90. By sulphuric acid. 91, 92. By sulphate of zinc. 93. By arsenic; exhumation after a year and a half. 94. Suspicion of poisoning; exhumation after a year and three quarters. 95. Poisoning by arsenic; death in fifty-eight hours. 96. Ditto; death in twenty-seven hours; arsenic discovered in the blood. 97. By green water-colours; chemical examination without result. 98. By arsenic; death in twenty-four hours. 99, 100. By arsenic, of two children; death in thirty-nine hours.

FABER.—*Toxicological Fragments.* Deut. Ztschr., vol. xv, part 2, p. 299; vol. xvi, parts 1, 2, pp. 109, 252.

CASPER.—*The Chemical Criterium in doubtful Cases of Poisoning.* Casper, vol. xvii, p. 177.

HELLER and V. KLETZINSKY.—*Examination of the Stomach of Herr von Bruck.* Wien. Med. Wchnsch., No. 19.

HOFMANN.—*Examination of a Body that had been several years buried, on suspicion of Poisoning by Arsenic.* Henke, vol. xxxix, p. 286.

2. *Mineral Acids.*

Ogle.—*Effects of Poisoning by Sulphuric Acid.* Trans. Path. Soc., vol. xi, p. 294.

T. H—, a servant, who had lost money by betting, was observed to stagger and fall in the street. On being brought to hospital immediately after, he was in a state of collapse, from which he never rallied, and died nine hours after admission.

On examination of the body, the mouth, lips, and part of the chin were found to be charred and desiccated. The stomach contained about a pint of "reddish, acid fluid." There was extreme congestion of the mucous membrane of the œsophagus, and destruction, with charred appearance, of the smaller curvature and pyloric end of the stomach, the neighbouring parts, as well as the mucous membrane of the duodenum, being of a "dark-reddish brown." From the suddenness with which the symptoms came on, as well as from the appearances after death, the author concludes that "the poison had been taken in a very concentrated form, and in tolerably large quantity."

Budd.—*Poisoning by Nitric Acid.* Lancet, Nov. 24th.

J. D—, æt. 36, was admitted, May 2d, into St. George's Hospital, eight weeks after taking an ounce of "aqua fortis" in beer. There were epigastric pain, vomiting after food, pyrosis—the vomited liquid being neutral—and constipation, extreme exhaustion and emaciation. He lingered in hospital till October 2d, the symptoms being from time to time relieved by opium.

At the autopsy "a distinct cicatrix, with puckering and induration of the surrounding mucous membrane near the pyloric extremity of the stomach," was found. The other organs were healthy.

3. *Oxalic Acid.*

Thudichum.—*Experiments on Oxalic Acid and Oatmeal Gruel.* Med. Times, April 21st.

Skinner.—*Remarks on the above.* Med. Times, April 28th.

Dr. Thudichum communicates the results of experiments consisting in the administration to unsuspecting persons of gruel containing oxalic acid. He concludes that this substance cannot be administered without the knowledge of the recipient if it contain as much as ten grains to the pint, much less if it contain a poisonous dose. He further describes the effect produced in his own person by taking sixteen ounces of gruel containing ten grains of oxalic acid, six hours after the previous meal. He experienced immediately a "disagreeable, acid, and astringent taste;" subsequently, "roughness of the tongue," "corrosion," and hyperæsthesia of the teeth.

Dr. Skinner suggests, from analogy, that sugar and spice might probably be successfully employed to render food containing oxalic acid palatable. He gives no experiments.

Skinner.—*Suspected Poisoning by Oxalic Acid, or its Salts.* Brit. Med. Journ., Feb. 5th and May 12th.

THUDICHUM.—*Remarks on Dr. Skinner's Case.* Brit. Med. Journ., Feb. 18th.

SKINNER.—*Reply to Dr. Thudichum's Remarks.* Ib., March 10th.

PAGE.—*Poisoning by an Ounce of Oxalic Acid.* Lancet, Nov. 24th, p. 509.

R. G—, æt. 31, a man of drunken habits, swallowed three-pennyworth of oxalic acid; he instantly felt "a burning sensation in the mouth, throat, and œsophagus, and intense pain in the stomach;" he was shortly after brought to hospital in a state of collapse. After treatment by emetics, the stomach-pump, and subsequently chalk mixture at short intervals, reaction was established, and all immediate danger seemed averted; but diarrhœa continued. On the fifth day all unfavorable symptoms had disappeared, he became restless, and died suddenly after getting out of bed. At the autopsy the only morbid appearances were congestion of the mucous membrane of the stomach and "extreme fatty degeneration" of the walls of the heart.

IKIN.—*Poisoning by Oxalic Acid.* Lancet, Dec. 15th, p. 592.

A private in the Lancers, æt. 26, swallowed an ounce of oxalic acid; vomiting and purging came on almost immediately, and in twenty-five minutes he was dead. No food had been taken for several hours.

4. *Phosphorus.*

HOFFMANN.—*On Poisoning by Phosphorus.* Med. Centr. Ztg., 68, 1859. Schmidt, vol. 105, p. 296.

The author proposes the following modification of Mitscherlich's apparatus. A small flask is to be connected with a small receiver by means of a bent tube, the longer limb of which passes into the latter. The receiver is plunged into a glass cylinder containing cold water. The object of this arrangement is to increase the space occupied by the phosphorescence. In the course of the operation the phosphorescence appears first in and on the surface of the liquor operated on; as the temperature rises it fills the whole flask, then passes into the conducting tube, and finally becomes visible either as a column or ring in the tube, or as a luminous cloud in the receiver, its appearance varying according to the rapidity with which the distillation is carried on.

The author has made numerous researches, showing that none of the tissues or albuminous compounds yield any indications of phosphorus when treated by Mitscherlich's method.

SCHERER.—*On the Detection and Determination of Phosphorus and Phosphorous Acid in Poisoning.* Ann. d. Chem. u. Pharm., vol. cxii, p. 214, Nov., 1859. Schmidt, vol. 105, p. 295.

Scherer had the opportunity in his official position of observing numerous cases of poisoning by phosphorus in domestic animals, and some in man, two of which were fatal. He employs for detection the process of Mitscherlich, with this important modification, that he introduces into the flask containing the suspected liquids before heating it sulphuric acid, and a little bit of carbonate of lime, and further causes the distillation-tube to open under distilled water contained in a second flask. The result is, of course, that the whole apparatus is full of carbonic acid, there is no luminous vapour in the distillation-tube, as in the ordinary process, and the whole of the phosphorus, of which very little is converted into phosphorous acid, is contained in the distilled water. It exists in the form either of minute globules of phosphorus or, if in very small quantities, suspended in the water, which appears luminous if agitated in a dark room. As a preliminary tentative method, the following is recommended. It is well known that phosphorus volatilizes at ordinary temperatures and even under liquids, which become thereby impregnated with phosphorus vapour. In contact with atmospheric air, it becomes diffused in it to a degree varying according to the temperature and mode of contact. If paper moistened with solution of nitrate of silver is exposed to a liquid in this state, the silver is reduced and the paper blackened, and in this way the most minute trace of diffused phosphorus can be detected. The end of a single lucifer, which contains about $\frac{1}{100}$ of a grain of phosphorus, diffused in half an ounce of water or milk and introduced into a flask, still yielded, after three or four days, an abundant and distinct reaction. In the case of the contents of the stomach, &c., the plan recommended is to dilute the liquids with water, to add thereto a little sulphuric acid in a flask, in which a strip of paper is to be suspended, moistened with solution of sugar of lead. If this affords no indication of the presence of hydrosulphuric acid, the paper moistened with nitrate of silver may be substituted. An intense blackening of the paper, especially on warming the flask, clearly indicates the presence of phosphorus; if necessary, several such strips of paper may be prepared, and treated with aqua regia; the solution thus obtained will yield to the ordinary tests proof of the presence of phosphoric acid.

In order to determine the phosphorus quantitatively, Scherer adds to Mitscherlich's apparatus a couple of glass flasks, connected with each other by a glass tube. Into the first, containing distilled water, the distillation-tube passes; the second contains a neutral or slightly ammoniacal solution of nitrate of silver, and is intended to fix whatever traces of phosphorus may not be absorbed by the water. The globules of phosphorus, if any, contained in the water are united by gently warming it, and the liquids in the two flasks are united, gently heated, and the whole solution treated with aqua regia and filtered. In the filtrate phosphoric acid is to be sought for. In cases in which the matters supposed to contain phosphorus have been so much exposed to the air as to convert it into phosphorous acid, Scherer recommends that Mitscherlich's apparatus should be charged with sulphuric acid and pure zinc, and heated so long as the hydrogen developed carries with it phosphuretted hydrogen. The product may be passed through a solution of nitrate of silver, in order to fix the phosphorus, which will be determined as phosphoric acid.

FILHOL.—*On the Processes employed by Chemists for the detection of Phosphorus.* Journ. de Pharm., vol. xxxvii, p. 167.

This paper is devoted to a criticism of the chemical proof of poisoning by phosphorus, in cases in which it has altogether undergone transformation into phosphorous acid. This kind of poisoning is now more frequent in France than poisoning by arsenic.

LEWINSKY.—*Poisoning by Phosphorus.* Wien. Ztsch., N. F. i, p. 52, Canst., vol. v, p. 85.

Death took place on the sixth day. There were at first vomiting and purging, which were succeeded at the last by icterus, deep somnolence, with a rapid, weak pulse. At the autopsy no trace of gastritis was discovered, the brain and its membranes contained little blood, and the liver was large and lardaceous. Other organs healthy. Blood wholly uncoagulated.

BÖCKER.—*Attempted Poisoning by Phosphorus Matches.* Henke, vol. xxxix, p. 268. Canst., vol. v, p. 85.

The heads of two phosphorus matches were surreptitiously administered by a maid-servant to a child æt. 2, in eau sucrée. This liquid was found, on analysis, to contain no phosphorus in substance, although it was said to have at first smelt of it. At the trial, the court refused to entertain the possibility that the phosphorus had been converted into phosphoric acid, and acquitted the prisoner. The author, however, undertook on his own account further investigations as to the possibility of oxidation under the circumstances given. He found that a solution of sugar containing phosphorus lost its smell in ten days, after which period no indications could be obtained by Mitscherlich's method, while the presence of phosphoric acid was indicated by nitrate of silver and molybdate of ammonia, and in much larger quantity when nitric acid had been previously added.

SCHALLER.—*Poisoning by Phosphorus.* Gaz. de Strasbourg, No. 11, 1859.

A man, æt. 45, insane, took about 200 grains of phosphorus paste, followed by five or six grains of corrosive sublimate. He was seen immediately after by Schaller, who found his condition as follows:—Face red, eyes injected, gait unsteady, limbs trembling, rigors, voice altered, sensation of pharyngeal constriction, great thirst, breath impregnated with phosphorus vapour, which was also disengaged from the dirty-gray coloured stools and from the urine. An emetic was at once administered, followed by Seidlitz water and mucilage. He was convalescent in five days.

KOPF.—*Case of Poisoning by Phosphorus.* Allg. Wien. Med. Ztg., No. 47, 1849. Schmidt, vol. 105, p. 296.

In this case, in which a young woman, æt. 24, swallowed the heads of six packets of lucifers, with suicidal intentions, death took place on the fourth day. The symptoms and post-mortem appearances are described in detail; they agree with those observed in former cases, with the exception that there was no diarrhœa, the bowels being, on the contrary, confined, and after death no gangrenous destruction was found of the mucous membrane of the stomach, which exhibited only the redness of inflammation.

SCHUCHARDT.—*Poisoning by Phosphorus.* H. and Pf. Ztsch., N. F. vol. vii, part 3.

HARTING.—*Poisoning by Phosphorus.* Pr. Ver. Zg., N. F. vol. i, 52.

HAUFF.—*On Fatal Poisoning by Phosphorus Paste.* Würtem. Corr. Blatt., No. 34.

ZEIDLER.—*Case of Acute Poisoning by Phosphorus.* Ann. d. Berliner Charité, vol. ix, p. 1.

MULDER.—*On the Discovery of Phosphorus in Poisoning.* Archiv f. d. holl. Beitr., vol. ii, p. 358.

5. *Arsenic.*

TAYLOR.—*Facts and Fallacies connected with the Research for Arsenic and Antimony, with suggestions for a method of separating these poisons from organic matter.* Guy's Hospital Reports, vol. vi, p. 201.

The paper opens with an examination of Marsh's process as a method of separating arsenic from the solids and fluids of the body, in reference to which the author concludes that there is no good or simple method of bringing the arsenic to a sufficiently concentrated state, and at the same time avoiding the inconvenient production of froth; and that when the quantity of arsenic in an organic liquid is so small as to render the adoption of the process necessary, it is not possible to follow the plan of the inventor, of generating the hydrogen in the whole quantity of the organic liquid. He then gives an account of the discovery and successive improvements of Reinsch's process, and describes a method suggested by Mr. Watson, of Bolton, of distinguishing the deposits of antimony on copper from those of arsenic. The copper is to be boiled, with constant agitation, in a weak solution of potash, in a tube. Metallic antimony is rapidly oxidized and converted into a soluble antimonite of potash, while the arsenical crust is unaltered. The alkaline liquid is then to be acidulated with hydrochloric acid, and precipitated by a stream of sulphuretted hydrogen. The second part of the paper is devoted to the demonstration that arsenic is found in appreciable quantity in all the commercial forms of copper, and particularly in electrotype-copper, copper-wire, gauze and foil, and that this fact was, at the period of the investigation consequent on the trial of Smethurst, "a new fact in science." In support of this proposition the author quotes numerous authorities to show "that no reference is made even to the possible presence of arsenic as a contaminating ingredient in copper" by any previous author. He next describes several methods of detecting arsenic in copper, of which the following was found to be free from all objections. The copper in question is to be "exposed to a stratum of pure and concentrated hydrochloric acid contained in a saucer, the metal being partly immersed and partly exposed." A brown liquid (solution of subchloride of copper in hydrochloric acid) is obtained, which is then to be distilled to dryness in a small retort in a sand-bath, and the vapour condensed in a flask containing distilled water. "A perfectly clear solution of chloride of arsenic or a mixture of hydrochloric and arsenious acids, is thus obtained, in which arsenic can be detected by Reinsch's or Marsh's tests."

The remainder of the paper is devoted to the statement and illustration of the method which the author now "feels justified in recommending for the separation and detection of arsenic in liquids and solids, whether organic or inorganic." It is based—1st, on the ready conversion of arsenic into chloride; 2d, the transformation of this compound into hydride by Marsh's process; 3d, the production of metallic arsenic, of arsenious and arsenic acids, from the hydride; and 4th, testing the products. The first step is accomplished by drying the substance in question thoroughly by the water-bath or a current of air, covering it (in a globular flask, with a short neck, fitted with a conducting tube) with pure concentrated hydrochloric acid, and then gradually heating the mixture in a sand-bath.

The conducting tube should be two or three feet in length, and covered for the most part with blotting-paper, kept constantly wet, and should be adapted to a receiving flask by a cork, which should contain just sufficient water to condense and fix the acid vapours. The further steps consist in subjecting the distilled liquid to Marsh's process, in the application of which Dr. Taylor recommends several modifications. He passes the arseniuretted hydrogen at successive periods into test-tubes, of which one contains strong solution of nitrate of silver, the other strong nitric acid with nitrous acid (sp. gr., 1·522). In the first arsenious acid and metallic silver are produced, and nitric acid set free, the solution being blackened by the slightest trace of arseniuretted hydrogen. In the second the whole of the arsenic is arrested and converted into arsenic acid, which may be obtained by evaporating the nitric acid on the sand-bath, and tested by the subsequent addition of nitrate of silver. The arsenious acid contained in the first test-tube may be separated by filtration from the black precipitate of metallic silver, and the filtrate precipitated by hydrochloric acid, and the product again filtered. The liquid is then free from any silver salt, and may be further tested.

As regards the application of this process to antimony, Dr. Taylor states that he has not been able "to procure by distillation with hydrochloric acid any trace of the metal in the distillate, though antimony was readily found by Marsh's process in the residue in the retort. If this fact should be corroborated, the distillation process will furnish a ready method of separating absorbed arsenic from absorbed antimony." But for the separation of antimony, when that metal alone is in question, Reinsch's plan is still considered to be the best. For the discrimination of the antimonial deposit thus obtained, the method already described as having been first suggested by Mr. Watson is adopted by Dr. Taylor, as being definitively the best; and he states, in illustration, that in the Liverpool poison cases it afforded good evidence of antimony in a liver containing not more than 1-160th of a grain in two ounces of the substance.

SCHNEIDER.—*Marsh's Apparatus as a means of proof in Poisoning by Arsenic.* Oest. Zeitsch. f. p. Heilk., vol. v, p. 49. Canst., vol. v, p. 89.

Schneider arrives at the following results:—The ordinary method of testing zinc, with a view to its use as a means of discovering arsenic, affords no proof of its absolute freedom from arsenic, and therefore, in cases in which only the most minute traces are indicated, it cannot be concluded that these traces are derived from the substances submitted to examination, as it is conceivable that they may arise from zinc which has been pronounced pure. As, however, recognisable arsenic stains cannot be obtained by Marsh's apparatus from less than one milligramme of arsenious acid, a larger quantity than could be attributed to the impurity of the zinc, it may be assumed that in all cases in which such stains are produced there can be no doubt of their source. It further follows that Marsh's process is not adapted for investigations in which quantities of arsenious acid less than a milligramme are to be sought. In these cases the author recommends precipitation by sulphuretted hydrogen as the best method. He finds by experiment that a precipitation of sulphuret of arsenic can be obtained from a solution of 0·010 gramme in 600,000 times as much water, so that there appears to be no limit to the applicability of the test.

BLOXAM.—*On the Detection of Metallic Poisons by means of Electrolysis.* Pharm., p. 376.

The apparatus of Professor Bloxam consists of a tubulated bell-jar, the wide end of which is closed with vegetable parchment. Its mouth is fitted with a cork, through which is passed a platina wire, terminating in a plate of the same metal. Through the cork a glass conducting tube also passes, the open end of which scarcely projects below the cork. The bell-jar is to be half filled with dilute sulphuric acid, and plunged into a test-glass filled with the same liquid and to the same level. Another wire, ending in a plate, is to be plunged in the outer liquid, and the two connected with a Grove's battery of five cells.

In operating on organic mixtures the organic matter is to be destroyed in the usual way by chlorate of potash and hydrochloric acid, and the liquor evaporated to a syrup. Sulphurous acid is then to be added, and the excess expelled by heat. The mixture is introduced into the bottle, one drachm of alcohol is added, and the apparatus put in operation. The process is adapted for the separation of all the metals excepting lead. Antimony is almost entirely deposited on the platina plate, but arsenic is disengaged as arseniuretted hydrogen along the tube, in which a mirror can be readily obtained. Mercury, copper, or bismuth are, of course, also deposited on the plate.

GUY.—*New method of obtaining Crusts of Arsenic, Arsenious Acid, and other Sublimates.* Chemical News, March 31st.

For obtaining crusts of arsenic or crystals of arsenious acid in medico-legal inquiries, the author proposes to substitute for the ordinary reduction-tube a short and wider tube of common white glass (three quarters of an inch long), provided with a cover of common window-glass. The substance to be sublimed is dropped into the tube. The sublimate is deposited mainly on the disk, and, if inconsiderable, the high powers of the microscope may be used for its recognition. Dr. Guy found that one thousandth of a grain of arsenious acid yielded a sublimate which could be identified with ease and certainty.

HELLER and KLETZINSKY.—*Finding and Opinions on the Chemico-legal Analysis of the remains of some Tea, and of the parts of the body of R. H—, a Female supposed to have died by Poison.* Oest. Z., vol. v, 25, 26. Canst., vol. vii, p. 9.

In this case orpiment (Hüttenrauch, a substance containing arsenious acid and sulphide of arsenic in variable proportions) was detected in the stomach. In relation to it, the authors describe their method for the detection of arsenic, the peculiarity of which consists in the *corpus delicti* being first dissolved in hyrochloric acid. They maintain that the volatilization of chloride of arsenic only becomes appreciable when the solution in hydrochloric acid attains a temperature of 330° Fahr., or is so concentrated as to contain at least 20 per cent. of hydrochloric acid gas; that in difficult cases, in which minute quantities of antimony and arsenic are to be sought for, the direct testing of the hydrochloric-acid solution in Marsh's apparatus affords the most satisfactory means of proof; and that this method is applicable to cases in which other processes have given such indecisive results, as to render it impossible to pronounce an opinion either for or against the presence of the poison.

BLONDLOT.—*Influence of Fatty Bodies on the Solubility of Arsenious Acid.* Journ. de Pharm., vol. xxxvii, p. 170.

The author has shown that the solubility of arsenious acid, both in neutral and feebly acid or alkaline liquids, is diminished enormously in the presence even of a trace of fatty matters. He thinks that the harmless presence of masses of arsenious acid in the stomach, occasionally observed, may be thus accounted for, and proposes to employ milk and other liquids containing fats as antidotes.

HOFFMANN.—*On the Separation of Arsenic from Antimony.* Quart. Journal of Chem. Sci., vol. xiii, p. 79.

Arseniuretted hydrogen, as well as antimoniuretted hydrogen, are absorbed readily by a solution of nitrate of silver; but, in the one case, arsenious acid along with metallic silver, in the other insoluble antimonide of silver (Ag_3 Sb), is produced. The antimonide is soluble in tartaric acid, by which means it may be readily separated from the silver.

GLOVER.—*On a Modification of the Chlorate-of-Potash Method for the Oxidation of Organic Matter or the Detection of Mineral Poisons.* Chem. News. December 24th, 1859.

The author introduces three or four ounces of chlorate of potash into a large flask, fitted with a thistle funnel and conducting tube. Hydrochloric acid (sp. gr. 0.05, that is, one part HCl to two parts water) is to be added, heat applied, and the disengaged gases passed through the liquid containing the organic matter. In this way, the inconvenience which arises in the ordinary process from the crystallization of chloride of potassium in the liquid is obviated.

REDWOOD.—*On the alleged Presence of Arsenic and Antimony in Grey Powder.* Pharmac., p. 450.

It having been stated by a witness, at the trial of Smethurst, that gray powder contains occasionally these metals, Redwood submitted numerous specimens to analysis; of all of which the results were negative. The processes employed were found to be capable of readily detecting $\frac{1}{10000}$ part of arsenious acid when added to the powder.

SCHMIDT and BRETSCHNEIDER.—*On the Poisonous Action of Metallic Arsenic.* Moleschott, vol. vi, p. 146. Canst., vol. v, p. 86.

The authors maintain that Schroff, in attributing a poisonous action to metallic arsenic, had been led into error by the rapid oxidation of the metal; and maintain that, when given to animals in a state of purity, it passes unaltered through the alimentary canal.

SCHROFF.—*Further Contribution to the Solution of the Question, "Is Metallic Arsenic Poisonous?"* Wien. Ztchr. N. F., vol. ii, p. 44. Schmidt, vol. 105, p. 176.

In pursuance of his former experiments, the author endeavours to determine the effect on the organism of the most insoluble form of metallic arsenic—that in which it possesses a white colour and metallic lustre. He concludes from experiments on animals, that although this form of metallic arsenic exercises less influence on the organism, and retains longer its metallic nature in the alimentary canal than any other, it produces death, preceded by the characteristic phenomena of arsenical poisoning. He also rebuts the assertions of Schmidt and Brettschneider, giving satisfactory proof of the purity of the arsenic employed.

SCHMIDT and CHOMSE.—*On the Action of Oxide of Kakodyl and Kakodylic Acid.* Moleschott, vol. vi, p. 2. Canst., vol. v, p. 87.

Nine experiments were made on various animals. The oxide was administered internally, or in the gaseous form, and the acid was given externally, or injected into the jugular vein. The results were as follows:—After the administration of either compound, kakodyl can be recognised in the urine and in the serum of the blood, either by the phosphorous acid test, or by that with hydrochloric acid and zinc. Neither compound owes its activity to the arsenic it contains, nor is there any relation between their action and that of the metal or its salts. The poisonous action of oxide of kakodyl (alcarsin) is entirely due to the violent oxidation which it undergoes in the stomach, at the expense of the water and organic matters contained in it. On the other hand, kakodylic acid, when swallowed is deoxidized. In the one case, kakodylic acid and the intermediate compound, KdO, KdO_3, are produced; in the other, the kakodylic acid already existing is partially converted into the same body. Both compounds enter the circulation: kakodylic acid has no action, and is excreted as such by the kidneys, in combination with an alkali; KdO, KdO_3 is highly poisonous, its existence in the blood being indicated by increased action of the heart, accelerated breathing, extreme muscular weakness, paralysis of the iris, and stupor. The paper contains other results of interest.

SCHMIDT and STÜRZWAGE.—*On the Influence of Arsenious Acid on the Exchange of Material.* Moleschotts Unters., vol. vi, p. 283. Schmidt, vol. 105, p. 175.

The authors' experiments were made on fowls and cats; and the exchange of material was measured by the carbonic acid exhaled, and the urea excreted. The general result was, that arsenious acid produces a very marked diminution (amounting to from 20 to 40 per cent.) of metamorphosis of tissue. This takes place after very small doses, and more quickly when the acid is introduced directly into the veins than when swallowed. This fact is considered to explain the fattening of horses on small doses of white arsenic.

F. H. S.—*On the Influence of Arsenious Acid upon the Waste of the Animal Tissues.* Chem. News, Nov. 3d.

A summary of facts and opinions confirmatory of the conclusions of Schmidt and Stürzwage.

CHURCH.—*Note on the Arsenical Water of Whitbeck, Cumberland.* Chem. News, Aug. 25th.

In the village of Whitbeck, a natural water containing nearly a grain of metallic arsenic in a gallon is used habitually by the inhabitants with beneficial results, their general healthiness and longevity being remarkable.

Poisoning by Arsenic. Pharmac., p. 618.

A servant girl, near Leicester, was charged with having, on the 27th of April, administered to her master arsenic, with which she had been intrusted for the purpose of killing rats. Death took place a week after the presumed administration of the poison, and was preceded by the usual symptoms. Arsenious acid was detected in the liver, stomach, intestines, and vomited matters.

Poisoning by Bath Buns. Pharmac., p. 389.

Six boys suffered from the symptoms of arsenical poisoning, after partaking of buns at a confectioner's. It was found that the buns were coloured yellow with orpiment, which had been supplied to the confectioner in mistake for chrome yellow. The latter substance had been employed by him habitually as a substitute for eggs.

KEBER and HOOGEWEG.—*Two Cases of Poisoning by Arsenic.* Casper, vol. xv, part 2.

MASCHKA.—*Medico-legal Contributions.* Casper, vol. xv, part 1. *Poisoning by Arsenic in a Child affected by Pneumonia.*

FASOLI.—*On the Use of Antidotes in general, and especially of Oxide of Iron, in cases of Poisoning by Arsenic Acids.* Compt. rend., vol. li, p. 172.

LORINSER.—*Chronic Poisoning by Arsenic and Copper, consequent on prolonged habitation in rooms painted with Scheele's Green.* Wiener Med. Wochensch, 1859, Nos. 43, 44.

After a *résumé* of the facts observed by former writers, the author relates several cases in which persons inhabiting rooms painted green, exhibited remarkable symptoms, which were proved by the analysis of the paint, and of the urine of the patients, as well as by the fact that recovery succeeded removal, to be dependent on mineral poisoning. The following is among the most interesting:—A woman, aged fifty-four, was affected at various periods with lancinating, erratic pains referred to the shoulder-joint and nucha, and accompanied with fever. These phenomena increased from year to year until the winter of 1857–58, when the patient became languid, and lost flesh and appetite. She left town, and got well. Towards the end of summer, she returned to her house at Vienna, and rode on horseback daily. In November, she was seized with violent fever, lancinating pains in the head and shoulders and subsequently profuse perspirations, followed by disappearance of the fever. The lancinating pains diminished, but she experienced extremely painful sensations of irritation and distraction in the head. These returned regularly every other night, and lasted till morning, the attack always terminating in abundant sweating. The lancinating pains continued in the shoulders, arms, and epigastrium, after the subsidence of the attack. There was complete anorexia, with a clean tongue. Sulphate of quinine, in 8-grain doses, produced no effect.

On analysing the green paint, it was found to consist of arseniate and acetate of copper. The patient was treated with iodide of potassium, about 2½ grains three times a day, during which treatment arsenic was contained in the urine in such quantity that its presence could be easily made evident by Marsh's test.

A female, aged seventeen, inhabiting a small room coloured with Scheele's green, was attacked with languor, anorexia, headache, loss of flesh, attributed to amenorrhœa, and had been unsuccessfully treated by steel and a tonic regimen. Languor increased; she became weaker, paler, and thinner, and finally lost her sleep, and became affected with nausea and vomiting. She was removed from her room, and put on iodide of potassium; after which she recovered rapidly.

A female, aged forty-five, contracted typhoid fever; in five weeks she was convalescent, but did not recover strength. She had extreme anorexia, sleeplessness, excessive muscular weakness, with a clean tongue and natural pulse. This continued more than a month, and became aggravated by tremors of the hands, and racking pains in the feet. She rapidly got better on removing from her room. Arsenic was discovered in the urine.

A female, aged twenty-four, was similarly attacked with typhoid fever; after which, she fell into a state of debility, which lasted for two years and a half. The catamenia became irregular; she lost appetite, became sleepless, and complained constantly of drumming in the ears. Neither quina nor iron did good; but she recovered immediately on leaving Vienna. On subsequently returning, the old symptoms re-appeared, accompanied with gastralgia, itching of the skin, with occasional nausea and vomiting. Arsenic was discovered in her urine. The green colour was removed from the walls of her room; she rapidly recovered.

The author concludes, from his experience, that the arseniate of copper enters the organism by the lungs in the form of dust. "The better the colour is prepared, and the less the walls are swept, the less powder is detached. If, on the contrary, the colour contains little glue, or is old and deteriorated, a larger quantity of dust is detached." The author does not pretend to determine what are the characteristic symptoms of this kind of poisoning. He calls attention, however, to the dyspepsia, epigastric pain, the peculiar perversions of cutaneous sensibility, and the headache, as being most distinctive.

BRETT.—*On Arsenical Fly-papers.* Pharmac., p. 404,

Brett finds that two kinds of paper are commonly sold in this country —the *papier moure,* containing arsenate of potash, and another variety, in which the metal exists entirely as arsenious acid not combined with a base. The average per-centage of arsenic, estimated as arsenious acid, in the papers examined, including both varieties, amounts to 7.69, or 5.3 grains of arsenious acid in each paper.

METCALFE.—*Medical Report of a Case of Poisoning by Arsenical Paper-hangings.* Lancet, Nov. 17th, p. 494, and Dec. 1st, p. 535.

On the 9th November, an inquest was held at Highbury, on the body of a child, aged three and a half years, whose death was preceded by symptoms attributed to arsenical poison, viz., frequently recurring paroxysms of tetanic convulsion, diarrhœa, and collapse. The contents of the stomach were found to contain "distinct evidences of arsenic," and "minute traces of copper." Another child was affected at the same time in a similar manner. Both had been playing in a room hung with green flock-paper, which was found to contain nearly one third of its weight of Scheele's green.

CHEVALIER.—*Researches on the Dangers arising from Schweinfurt Green.* Ann. d'Hygiène, vol. xii, p. 49.

The author describes the infinitely various purposes for which Schweinfurt green is employed, and the consequent dangers. Persons employed in the manufacture of arsenical paper-hangings, and of artificial flowers, appear to be more liable than any other class of the community to this kind of poisoning; but examples are given of the most various kinds. Since Prof. Gmelin, of Heidelberg, first drew attention to the dangers of living in rooms papered with arsenical hangings (which he attributed to the disengagement of gas containing arsenic), a very large number of observations have been collected in France, Sweden, and Germany, of which M. Chevalier gives a good summary, his conclusion being, that the poison is introduced entirely mechanically by the inhalation of arsenical dust. The paper contains instances of poisoning from the following sources:—From articles of dress—green cotton prints, which contain arseniate of copper or arseniate of chrome; bracelets, head-dresses, linings of caps, &c., articles of food, cakes, and sweetmeats covered with arsenical green, or packed in arsenical paper; hams and potted meats, packed in green paper; French plums, figs, and other fruits, similarly packed; miscellaneous articles, such as playthings, wafers, postage stamps, &c. &c.

BIGGS.—*On a singular Case of Poisoning by Arsenical Paper.* Lancet, Jan. 7.

The case was characterised at first by the existence of numerous superficial and very painful ulcers along the inner surface of each lip; subsequently, ptyalism. These symptoms, after resisting all other treatment for some time, disappeared on discontinuing the use of a paper lampshade, which was found to owe its bright colour to Scheele's green.

OPPENHEIMER.—*Chronic Arsenic Poisoning by Green Wall-papers.* Verh. d. Nat.-med. Ver. zu Heidelberg, vol. i, p. 220.

ZIUREK.—*On Green Colours in Articles of Dress.* Froriep's Not., vol. iii, No. 10.

———— *Green Arsenic Colours, and their Employment in making Artificial Flowers.* Pr. Ver. Ztg. N. F., vol. ii, p. 48.

SONNENKALB.—*On Schweinfurt Green in Clothing Materials.* Deut. Ztsch., vol. xv, p. 94.

MÜLLER.—*On the Unwholesome Influence of Colouring Matter containing Arsenic.* Wien. Wchnschr., Nos. 18—21.

BUCHNER.—*Report on Müller and Fabian's Treatise on the Hurtful Effect of Wall-papers containing Arsenic.* Bayer. Arztl. Intell. Blatt., No. 46, 1859.

FABIAN.—*Poisoning by Paper coloured with Schweinfurt Green.* Ann. der Chem. u. Pharm., vol. cxv, p. 102.

See, also, on the same subject, Erdmann, Journ. f. prakt. Chem., vol. lxxix, p. 121 (Abstr. in Journ. de Pharm., January 1860); and Ziurek, Polytechn. Journ., vol. clv, p. 465 (Abstr. in the same).

6. *Antimony.*

Case of Alleged Poisoning by Antimony. Med. Gaz., July 7th and Sept. 1st. Pharm. Journ., Sept., 1860.

Mrs. J., æt. 42, a lodging-house keeper at Liverpool, was attacked on several occasions, viz., in February, on the 29th of March, and on the 8th and 29th of May, with vomiting and purging, for which she was throughout attended by Dr. Cameron. No suspicion of irritant poisoning was excited until May 29th; Dr. Cameron having on the first occasion discovered that she was suffering from a tumour in the epigastrium, which he believed to be malignant. In consequence of the recurrence of the first symptoms, the urine, and subsequently the vomited matters and dejections, were examined. Antimony having been discovered, the patient was removed to a hospital, after which she gradually improved until June 22d, on which day symptoms of perforation presented themselves, and she died on the 24th. At the post-mortem examination a large cancerous tumour of the cæcum was found, which presented at its upper part several small openings, by which the contents of the bowel had passed into the peritoneal cavity: two small ulcers of the stomach were also discovered; but no appearances exclusively referable to antimony, evidence of the presence of which metal was however obtained, by chemical analysis, in all the organs. Dr. Cameron, physician to the Southern Hospital, expressed his opinion that, although all the symptoms observed during the period of her stay in the hospital might be attributed to natural disease, death was accelerated by the administration of antimony. The jury returned a verdict of not guilty. Two other members of the family had previously died under circumstances which gave ground for suspicion that they had been poisoned by antimony. No inquiry was instituted. (For chemical evidence, see 'Chemical News,' Aug. 25th).

Antimonial Poisoning at Yeovil. Lancet, Aug. 4th, p. 119.

In July an inquest was held at Yeovil on the body of Mrs. P., æt. 28, who died after suffering for many months from intractable gastro-enteritis. The cause having been suspected during life, the urine and alvine discharges were examined, and found to contain antimony, but not in time to save the patient's life. After death no antimony could be discovered in the organs. In the absence of collateral evidence of crime, the inquiry led to no result.

7. *Mercurial Poisons.*

SHOUT.—*A case of suspected Poisoning by White Precipitate.* Med. Times, May 5th.

A. J. M., aged three months, the illegitimate child of H. M., an inmate of Petworth Workhouse, had been suffering from trifling disorder of digestion, and subsequently diarrhœa, which was relieved by the hydrargyrum c. cretâ, with rhubarb.

Early in the morning of December 21st, the patient was attacked with vomiting and purging, attended with violent cries of pain; this resulted in collapse and death in about twenty-four hours. Suspicion being directed to the case in consequence of a rumour that poison had been purchased by the mother, an inquest was held, and the body examined. The external appearances were natural, with the exception that there was excoriation of the integument surrounding the anus. The organs and dejections were forwarded to Dr. Taylor for analysis, of whose evidence the following is a summary:—1. A mercurial compound, believed to be white precipitate, mixed with farinaceous and other matter, was found in the contents of the stomach. 2. A mercurial compound was found in the dejections, in the œsophagus, small intestines, liver, and kidneys. 3. There was redness of the œsophagus, a red patch in the stomach, and great redness of the upper part of the small intestines. 4. The other organs were healthy.

TAYLOR.—*On Poisoning by White Precipitate.* Guy's Hospital Reports, p. 483.

The author remarks on the medical evidence in the case above cited, that there was no specific symptom, such as salivation, to point to the effect of a mercurial irritant compound; that only one fatal case in a human being is recorded of death from this poison; and that, in that case, the child had salivation, and died of the effects; that, with the exception of some experiments on animals, there is no medical experience of the effects of this poison on the body; that the quantity of the precipitate found in the body of the child was not what would be called a fatal dose; that evidence of the presence of absorbed poison deposited in the liver and other organs utterly fails in this case, because a compound of mercury (gray powder) had been given during the treatment; that, putting aside the white precipitate found in the body, there was nothing in the appearances irreconcileable with the effects of disease. From these considerations Dr. Taylor concluded that there was no absolute or complete evidence, although a strong probability, that white precipitate was the direct cause of the inflammation of the bowels.

The trial took place at the Lewes Lent assizes, 1860. The charge of murder was abandoned, and the prisoner indicted and convicted upon the charge of administering poison with intent to murder.

PAVY.—*Physiological Action of White Precipitate on Animals.* Guy's Hospital Reports, p. 505.

Pavy finds that white precipitate acts on animals as a powerfully and purely irritant poison. A dose of four or five grains proves fatal to a rabbit in a few hours. In smaller doses it produced death after several days, from the effects of inflammation of the alimentary tract, accompanied with a "most peculiar condition of the kidneys," the uriniferous tubules of the cortical substance being more or less choked with a granular deposit, stated by the author to be "composed principally of phosphate of lime."

STADION.—*On the Toxical and Pharmacodynamical Action of Corrosive Sublimate.* Med. Ztg. Russlands, pp. 1—6, 1859.

Stadion's observations were directed to the question whether or not, as maintained by Voit, corrosive sublimate owes its activity to its chemical reaction on albumen. He found that the action of sublimate, combined with albumen previously to administration, does not differ from that of pure sublimate, and concludes that albumen is only an imaginary antidote; he denies that the poison has any other direct action than that of inducing local inflammation in the parts to which it is applied.

Coghlan.—*Case of Poisoning by Corrosive Sublimate.* Med. Gaz., Feb. 18th.

A healthy lad, æt. 19, took about twelve grains of corrosive sublimate in a wineglass of water, at 8 a.m. Three minutes after he vomited, and fifteen minutes afterwards he was purged. These symptoms continued till 7 p.m., when he was first seen. The skin was then cold, the pulse 136, feeble, and he was vomiting mucus tinged with blood. There was intense injection of the mouth and fauces, but not much abdominal pain. Reaction was successfully induced by the application of warmth to the feet and sinapisms to the belly; after which albuminous drinks were given, with 5 minims of tinct. opii every half hour. He was convalescent in a few days.

Auer.—*Case of Poisoning by Corrosive Sublimate.* Bayer. ärztl. Intell. Blatt., 43.

8. *Other Metallic Poisons.*

Tourdes.—*On the Poisonous Action of Proto-sulphate of Iron.* Gaz. de Strasb., No. 4, 1859. Canst. vol. v, p. 92.

These researches were undertaken on account of the frequency of poisoning by green vitriol. In rabbits, into the stomach of which this substance had been injected, accelerated respiration was the only phenomenon observed. This soon gave way to the gradual and tranquil approach of asphyxia and death. Iron was found in quantity in the blood, bile, and urine. The albumen of the blood was found to be modified as regards its coagulability, in so far that the precipitate obtained by nitric acid and heat was rendered soluble in excess of water and nitric acid, and the fibrine had lost its coagulability. "Saccharate of lime" and carbonate of soda are recommended as the best antidotes.

Oppolzer.—*Chronic Poisoning by Copper.* Deut. Klinik, No. 19, 1859.

Oppolzer relates several cases of chronic poisoning by copper occurring in workmen engaged in copper manufactories, in which the symptoms of the so-called copper colic manifested themselves with great intensity, and were in some instances followed by a paralysis of the upper limbs not distinguishable from that which is produced by lead. The cases were distinguishable from those of lead-poisoning by the greenish-yellow tinge of the countenance, the occurrence of diarrhœa alternating with constipation, and the presence of copper in the urine.

Aldis.—*Case of Poisoning by Liq. Plumbi Diac. Dil.* Med. Gaz., Jan. 14.

A prostitute, aged twenty-one, swallowed in successive small doses ⅔ of a pint of a lotion containing liq. plumbi diac. dil. She experienced immediately a sensation of heat in the throat, thirst, nausea, and epigastric pain. When first seen at 10 p.m., she was writhing with pain referred to epigastrium and umbilicus. The abdominal wall was retracted, the pulse was feeble, and there were tremor and jactitation of the limbs. Two scruple doses of sulphate of zinc were administered, which were followed by repeated doses of a solution of sulphate of magnesia. The symptoms gradually disappeared, and she recovered.

Poisoning by Sugar of Lead. Friedreich, pp. 10, 27. Canst., vol. vii, p. 15.

In this case poisoning by lead was indicated in an adult male, and in a child of seven years, as well by the appearances during life as by the analysis of the intestines after death.

WICKE.—*On Snuff containing Lead.* Henle, N. F., vol. i, p. 195.

Wicke found that snuff packed in lead-foil always contains lead. It is usual to wrap it first in lead-foil and then in two coverings of paper. The foil is usually tinned on one side, but, in spite of this, the author found that both the snuff and the paper were impregnated with lead, and the foil encrusted with carbonate, especially if the package had been allowed to become damp. The outer crust of snuff contained 2.743 per cent. of carbonate of lead.

SONNENKALB.—*On the Impregnation of Snuff with Lead, especially in reference to Leipsic.* N. deut. Zeitsch., vol. xiii, part 2. Canst., vol. vii, p. 82.

The author relates nineteen characteristic cases of saturnine poisoning, dependent on this adulteration, in fourteen of which there was paralysis, the remaining five being characterised by gastric symptoms. In the former cases the upper extremities were, for the most part, exclusively affected; and in those in which there was paralysis of the lower limbs it was with one exception preceded by affection of the upper. In one instance slight and transient paralysis of the left side was preceded by three quasi-apoplectic seizures occurring in the course of five weeks. In eighteen cases the onset of the disease was unaccompanied with fever and increase of temperature. In thirteen there were paralysis and atrophy of the extensors, the supinators remaining entirely free from paralysis, and for the most part from atrophy. In four there was arching of the metacarpal bones; and in one the carpal joint was painful on movement, and its synovia was increased. Lead colour of the gums was observed in twelve cases. In all the nineteen the patient was subject to abdominal symptoms, such as colicky pains, and constipation, &c., often for several years. The periods for which the poisoned snuff had been used varied from six months to twenty years. All improved rapidly, and got eventually well on leaving it off. The author considers that the lead is introduced into the snuff entirely from the coverings of lead in which it is packed.

Cases of Saturnine Disease, occurring in St. Mary's, Guy's, and King's College Hospitals. Lancet, Jan. 21st.

Four cases of lead-poisoning arising respectively from the occupation of a gasfitter, from the use of snuff adulterated with lead, of drinking water so contaminated, and from the frequent scouring of pewter.

LADREIT.—*On Lead-poisoning by means of Glass Dust.* Arch. Gén., Dec., 1860, p. 641.

9. *The Alkaloids.*

WORMLEY.—*On the Chemical Reactions of Strychnia, Atropine, Brucia, Morphia, Narcotine, and Meconic Acid.* Chem. News, April 14th and 28th, June 16th, July 21st, Sept. 1st, 15th, and 29th.

Accidental Poisoning by Opium. Brit. Med. Journ., June 2d.

A gentleman was treated for acute rheumatism by large doses of acetate of morphia and opium. During the four hours which preceded his death he had taken ⅓ of a grain of opium every hour; previously to which period 1⅙ grain of acetate of morphia and 1½ grain of opium had been administered in the course of twenty-four hours, without producing any perceptible effect. Death was preceded by convulsions, in addition to the ordinary symptoms of poisoning by opium.

Case of Accidental Poisoning at Canterbury. Pharmac., p. 387, Jan.

Several persons were poisoned in November, 1859, by black draughts, in the preparation of each of which about one third of liquor opii was introduced by mistake. The druggist at whose shop this occurred was tried for manslaughter, and acquitted.

PALEY.—*Case of Poisoning by Strychnia.* Brit. Med. Journ., Aug. 4th. Chem. News, Sept. 29th.

M. J. P., æt. 17, a healthy young woman, was suddenly attacked in a chapel, during service, with convulsion. She was able to walk home assisted, but three quarters of an hour after, a second fit occurred which was followed at intervals of from fifteen to twenty minutes by four others, during the last of which she died. Several of these paroxysms were witnessed by Dr. Paley. Each accession commenced with convulsive twitchings of the limbs, which gradually increased in violence and in the number of muscles affected. Soon all the affected muscles became rigid, the movements of respiration ceased, the pulse could not be felt, and the patient appeared dead. This was followed by gradual relaxation and the breathing and circulation were re-established. The period of apnœa lasted a quarter of a minute. Up to the moment of its commencement the patient was conscious, and on one occasion exclaimed, "Hold me, hold me," immediately before the muscles became rigid. At the commencement of this period the face was livid, but almost immediately became pale. Spasmodic rigidity continued fifteen or twenty minutes after death, but shortly afterwards disappeared. The autopsy was performed after twenty-three hours; there was then no "unusual rigidity." With the exception of slight traces of inflammation of the stomach and ileum, and of general congestion of the thoracic and abdominal organs, the body was healthy. It does not, however, appear what was the condition of the heart and great vessels as regarded the quantity of blood which they contained. The stomach, with its contents, and other organs were submitted to Dr. Letheby. The method used was the following:—The contents of the stomach were digested in alcohol and filtered. The filtrate was precipitated with subacetate of lead, and again filtered; the second filtrate was treated by sulphuretted hydrogen to remove the excess of lead, and the resulting filtrate evaporated. The residue was dissolved in water rendered slightly alkaline by ammonia, and treated with a large excess of ether;

the ethereal solution, on evaporation, yielded a yellowish residue, which was treated with a drop of concentrated sulphuric acid, and allowed to stand in a warm place for three days. The blackened result was again dissolved in water containing a trace of ammonia, and treated with ether; a solution of the residue obtained on evaporation was submitted to a galvanic current, when the purple-blue colour was obtained, which is characteristic of the action of nascent oxygen on strychnia. In the solid matters from the stomach, not taken up by alcohol, indications were obtained in the watery extract of a compound of zinc; and by submitting the residue, insoluble both in water and alcohol, to hydrochloric acid, a solution was obtained which gave traces of a mercurial salt. The urine afforded, by a similar method, very distinct indications of the presence of strychnia. It was elicited at the inquest that the deceased had bought a packet of Battle's "vermin-killer" the day before her death, which she had probably taken with the intent to commit suicide.

KURZAK.—*Tannin as an Antidote to Strychnia.* Wien. Ztsch., N. F. vol. iii, part 2, 1860.

From twelve experiments the author arrives at the following results:—Tannin is a chemical antidote to strychnine. The precipitate obtained by the addition of tannin to solutions of strychnine is insoluble in the juices of the stomach. The experiments give reason for anticipating that, if administered in cases of poisoning, tannin would prove protective even if no vomiting should occur. In order to be effectual the tannin must be given in the proportion of 20 or 25 to 1. Any substance containing tannin may be administered. Of the best Turkey galls, one drachm at least, ought to be given in powder. Tea has a very inconsiderable action on strychnine, but coffee is somewhat more effectual. Coffee contains from $3\frac{1}{2}$ to 5 per cent. of tannin, but the decoction contains a very inconsiderable quantity, and its action as an antidote is accordingly feeble. Oak bark, the barks of the horse-chestnut or willow, the green shells of the walnut, and acorns are suggested as containing much tannin and likely to be at hand.

JENKINS.—*On the Detection of Strychnine and other Proximate Principles.* Chem. News, Oct. 6th.

OSBORN.—*Poisoning by Strychnia.* Med. Gaz., July 14th.

In this case, that of a girl who took strychnia for the purpose of suicide, the chloroform process of Rogers and Girdwood afforded satisfactory evidence of the presence of strychnia in the contents of the stomach and duodenum and in the liver. Dr. Osborn, however, found it more convenient and effectual to substitute acetic acid as a solvent, for hydrochloric or sulphuric, on account of the large quantity of colouring matter taken up by these acids.

LETHEBY.—*On the Chemical Reactions of Strychnia.* Chem. News, June 9th.

A résumé of former papers.

Death of a Child from Strychnia. Pharm. Journ., July, 1860.

A child, æt. 11, the daughter of a druggist, took from curiosity a poisonous dose of strychnia.

Dr. Lange.—*Case of Poisoning by Atropine.* Deut. Klin., No. 19, 1860. Schmidt, vol. 108, p. 29.

A young woman, æt. 20, subject to epileptic seizures, took, in a pet, a solution of about one third of a grain of sulphate of atropine in water. Her condition shortly afterwards was as follows:—Countenance purple red, or livid and bloated, the eyes tumid and glistening, pupils so much widened that the rim of the iris had become almost indistinguishable, pulse full and hard (120). No dysphagia, nor increase of the salivary secretion. Discharge of fæces and urine never involuntary.

Poisoning by Extract of Belladonna. Pharm., p. 389, Jan.

Three juvenile thieves had stolen some belladonna from a herbalist in Covent Garden. They made an infusion of it, which they retailed as liquorice-water to several other boys, who all suffered from the symptoms of poisoning by this drug.

Lipowitz.—*Poisoning by Coniine.* Annalen der Phys. u. Ch., vol. cviii, p. 623.

The author describes the method successfully employed by him for the detection of this alcaloid.

Mitscherlich and Casper.—*Asserted Poisoning by Coniine. Explanation of the case.* Casper, vol. xv, part 2.

Brown.—*Poisoning by Aconite.* Lancet, Oct. 6, p. 344.

About a pound of aconite-root was added to a gallon of pickles, in mistake for horseradish. Four persons who partook of these pickles were attacked, within an hour after taking them, with symptoms of poisoning—viz., "pricking sensations," "opisthotonos, trismus," "partial loss of sight," "imperceptible pulse," and coldness of surface. These symptoms continued several hours in each case.

Hoppe.—*Toxicology of Coffein.* Günsb. Ztsch. N. F., vol. i, p. 112. Canst., vol. v, p. 97.

Hoppe's experiments were made on animals (frogs) in which the extremities were severed, with the exception of the nerves supplying them; or the nerves were severed, the other connexions remaining entire. The poison was introduced either by the mouth, by application to the unbroken surface, or by subcutaneous injection. The results were as follows:—Paralysis, both of motion and sensation, the latter occurring before the former. At first increased functional activity of the muscles to which the alkaloid was applied, and contraction of those on which it acts through the circulation; subsequently muscular paralysis; reddening of the tissues to which the substance was applied, and enlargement of the vessels; respiration, at first excited, subsequently diminished and impaired; the heart's action at first excited, subsequently depressed, and finally paralysed; the pupils invariably dilated, sometimes after previous contraction, this dilatation being due partly to exudative swelling of the eye, partly to weakening of the sphincter. The arms were more paralysed than the legs. Coffein induces a hyperæmic condition of the vessels, manifesting itself in injection of the stomach, lungs, eyes, and cutis, but not in the muscles or nervous centres. This hyperæmia is capillary; the author connects with it the action of coffee on nutrition, and explains by it the fact that under its influence nourishment lasts longer. The statements of the author, as reported by Von Clarus, are in some respects inconsistent.

SCHROFF.—*Helleborus and Veratrum Album.* Prag. Vjhrsehr., vol. lxiv, pp. 106—142, 1859. Schmidt, vol. 105, p. 291.

As regards the poisonous action of veratrum, the author finds that the radicles are much more active than the root-stock, and that their activity is entirely confined to their outer rind. The action of the radicles corresponds in every respect with those of the alkaloid veratrine, the seat of which is therefore considered to be, *par excellence*, the cortical substance of the radicles. The rhizome, or root-stock, contains relatively much less of the alkaloid, and appears to owe its activity in part to another similar principle, such as the alkaloid sabadillin, discovered by Simon in veratrum sabadilla. The action of the radicles he describes as follows:—Death is always preceded by tonic and clonic spasm; at least in no instance were reflex contractions absent. This the author attributes to a special relation of veratrum to the medulla oblongata and motorial apparatus of the spinal cord—a relation which is also indicated by its effect in retarding the respiratory movements. This retardation does not, as in the case of digitalis and aconite, occur *pari passu* with impairment of the action of the heart. Neither veratrine nor veratrum produces gastro-enteritis. At the site of its operation, however, it gives rise to a passing hyperæmia, resulting, if intense, in shedding of the epithelium of the stomach and intestine. Nausea is a constant result, often vomiting; but the purgative action of the drug is uncertain. The root-stock, and all preparations of it, differ in their modes of action from the radicles. The spinal spasms affecting the muscles of animal life are entirely wanting; on the other hand, characteristic reflex paralyses present themselves.

Between veratrum and hellebore the following differences are pointed out:—Hellebore produces no reflex spasms or paralysis; the drug has a much greater tendency to increase the secretion of the intestinal canal, while it rapidly extinguishes its irritability, and that of the heart, thus showing that, although it acts less upon the medulla and spinal cord, it exerts a more direct influence on the ganglionic system and on the dependent organic processes. This paresis of the sympathetic accounts for the rapid cessation of the heart's action, which contrasts with the continuance of that action after the cessation of respiration, observed in poisoning by veratrum. The following are the poisonous doses of the preparations of veratrum:—After seventy grains of the fresh root-stock, the characteristic symptoms were produced, but the animal recovered in a few days; five grains of the alcoholic extract of the same were fatal in thirteen hours. One grain of the alcoholic extract of the radicles produced death in less than three hours, while the same quantity of the extract of the root-stock had a scarcely perceptible effect.

BARTSCHA.—*Poisoning by Colchicum in a Child. Recovery.* Journ. f. Kinderk., vol. xviii, p. 300.

CASTALDI and FAUVEL.—*On Poisoning by Belladonna.* Soc. imp. de Méd. de Const., Gaz. d'Orient, No. 5, p. 6.

Chevallier.—*Poisoning by Belladonna in Coffee containing Chicory.* Journ. de Chem. Med., 1860, p. 239.

Lopez.—*Opium as an Antidote to Belladonna.* Amer. Med.-Chir. Rev. vol. iv, p. 285.

Magne.—*Poisoning by Solanum Nigrum.* Journ. de Chem. April, p. 206.

Löwenstein.—*Poisoning by the Seeds of Datura Stramonium.* Med. Ztg. Russlands, No. 9, 1860.

Beigel.—*Poisoning by the Root of the Conium Maculatum. Recovery.* Wien. Med. Wchnschr, No. 52.

Forsius.—*On Poisoning by Nicotine.* Helsingfors, 1859. Diss. Inaug.

Pellarin.—*Poisoning by Nux Vomica.* Ann. d'Hyg. vol. xiv, p. 431.

Walchner.—*The Arrow Poison of the Indians.* Ungar. Ztschr., vol. xi, pp. 49, 50.

10. *Other Vegetable Poisons.*

Poisoning by Lobelia. Brit. Med. Journ., Oct. 13th.

A herbalist was tried at Bedford in 1859 on a charge of manslaughter, for selling a vegetable infusion to a poor woman, who administered it for several days to her child, æt. 2. Dr. H. Barker proved that the bottle contained a brown liquid, of which the sediment was found to consist, on microscopical examination, of the seeds of lobelia inflata. The child died, and, on *post-mortem* examination, the body was found to be healthy, with the exception of impletion of the cerebral vessels, redness, injection, and corrugations of the stomach and duodenum, general fluidity of the blood, irritation of the urinary passages, all of which appearances accorded with the inference that death was attributable to a narcotico-irritant poison. The herbalist was acquitted.

Schroff.—*On the Poisonous Actions of Taxus Baccata.* Wien. Ztsch., N. F., vol. ii, No. 31. Canst., vol. v, p. 94.

Schroff's experiments relate to the alcoholic extract of the berries, and the alcoholic, ethereal, and watery extract of the leaves, and their several actions on man and animals (rabbits). His results are as follows:—The berries have no poisonous action. The leaves contain an acrid and a narcotic principle. Both of these are taken up much more readily by ether and alcohol than by water. To the irritant action of the drug are referable gastro-enteritis, and acceleration of the action of the heart and of the respiration. Its narcotic action manifests itself, in small doses, by heaviness of the head, giddiness, and incapability of mental occupation; after large doses, by restlessness, sleeplessness or drowsiness, dizziness, vertigo, dilatation of the pupil, and, in the later stage, retardation of the heart-beat and respiration. In fatal cases in the human subject, death occurs, although suddenly and unexpectedly, in a tranquil manner, by way of collapse; but, in rabbits, is sometimes preceded by violent convulsions. One gramme of the ethereal extract was fatal to a rabbit in 1¼ hour, but 2—4 grammes of the alcoholic extract were not fatal till several hours.

Kurzak.—*The Poisonous Actions of Oleander.* Wien. Zeitsch., N. F., vol. ii, Nos. 44, 50, 51. Schmidt, vol. 106, p. 38.

Kurzak finds that all the parts of the plant are poisonous, the flowers being less so than the rest. The active principle may be extracted by water or alcohol. Two grammes either of the watery or alcoholic extract of the leaves, wood, or bark were fatal to a rabbit; and the author estimates that 6 grammes of either extract would induce death in man. Symptoms of poisoning presented themselves in the rabbit a quarter of an hour after the administration of the drug; in birds, 10 minutes. The duration of fatal cases was, in the rabbit, 1½—8 hours; in the frog, 1½ hour; in the bird, 7—30 minutes. The following symptoms were observed:—In small doses, weakness of the voluntary muscles, diminution and impairment of the respiratory movements, and of those of the heart, sensibility remaining unaltered; these symptoms were followed by twitchings of the voluntary muscles. In large, *i.e.* fatal doses, two stages were distinguishable. In the first stage there was progressive impairment of voluntary muscular movement, increasing until the animal became motionless. The number both of pulsations and respirations per minute decreased rapidly, the former in one instance from 160 to 128, the latter from 60 to 32, in half an hour. At the same time the respiratory acts were diminished, and the inspiration was reduced to a mere jerk of the abdominal muscles. In the second stage, clonic or tonic spasms of most of the voluntary muscles occurred at long intervals, either dependent on feeble efforts of the animal, or produced by blowing or tapping on it. Finally, respiratory movements ceased, the heart continuing for a short time its action, and retaining its excitability. The convulsions were observed most markedly in frogs, and were absent in birds. With the exception that in these animals and in dogs vomiting occurred, there were no signs of irritant poison.

Post-mortem appearances.—Heart flaccid and full of blood; accumulation of blood in the whole venous system; in rabbits and frogs, redness of the mucous membrane of the stomach and intestine attributable to extreme venous congestion. As remedies in cases of poisoning by oleander the author recommends aromatics and other stimulants, particularly tea and coffee, and relates a case successfully treated by the latter.

HASSELT and RIENDERHOFF.—*Contribution to the Toxico-dynamics of Santonine.* Arch. f. holl. Beitr., vol. ii, p. 231. Schmidt, vol. 108, p. 299.

Experiments were made on frogs, rabbits, and dogs. In 40 experiments on dogs, which animals were found to be more susceptible of the action of santonine than the others, it was given in doses varying from 6 to 60 grains. The authors conclude that santonine exerts its action mainly on the motor nerves, inducing muscular spasm, without increased sensibility. In fatal doses, the result occurs by asphyxia consequent on spasm of respiratory and laryngeal muscles. The appearances after death are hyperæmia of the lungs, heart, and cerebro-spinal vessels, and capillary injection of the medulla oblongata and spinalis. The orange-red colour of the urine induced in the human subject by santonine is also observed in animals.

SMOLER.—*Poisoning by Croton Oil.* Allg. Wien. Med. Ztg. No. 10, 1860. Schmidt, vol. 106, p. 289.

In this case a labourer, æt. 43, took by mistake for cod-liver oil about ½oz. of impure croton oil. The patient was convalescent in a fortnight, the treatment consisting in the administration of bland oils and demulcents, with a milk diet. The symptoms were, depression of the circulation, manifested by the feeble, slow, but regular pulse (64), cyanosis and coldness of the extremities, and the feeling of cold; respiration slow and difficult; purging and vomiting; redness of the fauces; pain in the pharynx, stomach, and bowels, and headache.

CANCELLA.—*Case of Poisoning by Arum Maculatum.* Gaceta Med. d' Oporto, vol. vi, 1860.

A child, æt. 3, chewed, at two p.m. on the 20th of April, 1860, leaves and flowers of the common arum. He complained immediately of burning heat; in three hours he fell into a state of profound torpor; at eight p.m. he was prostrate, speechless, but occasionally uttered a piercing cry, often putting his hand to his throat. There was marked abdominal tenderness on pressure. Death took place at eleven, preceded by delirium and asphyxia.

FARRE.—*Two Cases of Poisoning by eating Lemons. Recovery.* Lancet, Nov. 24, p. 308.

Two children, aged three and five respectively, were brought into hospital in a state of collapse, which was attributed to eating one or two lemons. It was not known whether they had taken any other poison.

SOUBEIRAN.—*Note on a Poisonous Species of Loranthus.* Journ. de Pharm., vol. xxxvii, p. 112.

After giving an account of the therapeutical uses to which the mistletoe tribe are applied in various countries, the author describes the toxical action of a species of loranthus, which grows on the branches of the strychnos nux vomica, as being identical with that of the latter. He believes that these plants in general derive their activity from the plants on which they grow parasitically.

LALLEMAND and CHEVRET.—*Poisoning by Mushrooms. Death of five officers.* Journ. de Pharm., vol. xxxviii, p. 337.

In this instance a poisonous species of *amanita* was served to the mess of a regiment of infantry, by mistake for the common eatable *oronge* (also a species of *amanita,* which grows in the woods in autumn). The symptoms were vomiting, epigastric pain, and abdominal cramps. Six officers partook of the mushrooms, of whom five died, and one recovered. The fatal result was preceded by slight delirium, but no other symptom referable to the nervous system was observed. The paper includes a full discussion of the characteristics by which the poisonous species may be distinguished, and of the symptoms and treatment of mushroom poisoning.

LANCEREAUX.—*Poisoning by Mushrooms.* Gaz. de Par., No. 43.
MAROTTE.—*On Poisoning by Mushrooms.* Gaz. des Hôp., No. 132.

11. *Hydrocyanic Acid and Cyanide of Potassium.*

SCHAUENSTEIN.—*Cyanide of Potassium in its Forensic relations.* Wien. Zeitsch., 1859, vol. xv, No. 1. Canst., vol. vii, p. 15.

Schauenstein shows that cyanide of potassium is well adapted for the purposes of crime, as exerting its action in small quantity, as being certain, speedy, and difficult to recognise, whether during life or after death.

WAGNER.—*Poisoning by Cyanide of Potassium.* Archiv. der Phys. Heilk., N. F. iii, p. 417. Schmidt, vol. 105, p. 176.

A beltmaker, æt. 22, took on the 12th of April, 1859, a large quantity of a solution of cyanide of potassium. Some time after he was seized with abdominal pain, became convulsed, and died in a few minutes. The post-mortem appearances were as follows:—The lips and general surface were livid, the rigor mortis strong. On removing the dura mater the bitter-almond smell was distinct. The larger venous trunks of the pia mater only were full of blood; the brain-substance was bloodless, the ventricles normal. A little dark, fluid blood was contained in the left ventricle of the heart; none in the other cavities. There was intense congestion of the mucous membrane of the larynx, trachea, and bronchi. On opening the stomach the bitter-almond smell was very strong; the organ was found to contain the remains of food, in which Prof. Funke determined the presence of cyanogen. The mucous membrane of the cardia and the fundus was covered with tenacious mucus, dotted with red, and somewhat swollen. That of the rest of the organ was strongly injected on the ridges of the folds, and here and there ecchymosed. The ileum contained a yellowish fluid, the solitary follicles and Peyer's patches numerous, slightly enlarged; the mesenteric glands were injected.

EBERSBERGER.—*Case of Poisoning by Cyanide of Potassium.* Bayer. ärztl Intell. Blatt, No. 44.

The daughter of a photographer, æt. 3, swallowed six grains of cyanide of potassium, dissolved in half an ounce of distilled water, and fell insensible. The author saw her almost immediately; the eyes were closed, the lips white, the cheeks deadly pale, the extremities ice-cold, the pulse insensible, the heart-beat scarcely perceptible, the epigastrium prominent, and the sphincters rigidly contracted. The head and back were immediately sluiced with solution of nitrate of potass, mixed with ice. In ten minutes there was some relaxation of the rigid muscles, and it became possible to inject *per anum* a clyster containing sulphate of magnesia, and to introduce into the mouth solution of ammonia in gum-water. Soon the heart-beat became distinct, the colour of the lips and the warmth of the extremities returned. Complete recovery took place in thirty-six hours.

Suicide by Cyanide of Potassium. Pharmac., p. 390.

Poisoning by Essential Oil of Almonds. Pharmac., p. 389.

A chemist's shop-boy mixed essential oil of almonds instead of oil of sweet almonds in a draught for a child aged nine months, who died in consequence. Verdict, accidental death!

Death from Overdose of Prussic Acid. Pharmac. Journal, Sept., 1860.

A young man, practising medicine without qualification, was charged with causing the death of his mother through the negligent administration of Scheele's prussic acid. As there was no evidence either of the cause of death or of the dose administered, he was acquitted. The trial was remarkable for the contrariety of medical testimony as to the relative meaning of the words "drop" and "minim."

FINNELL.—*Poisoning by Cyanide of Potassium.* (New York Path. Soc.,) Americ. Med. Times, N. Ser., vol. i, p. 2, July.

HUSEMANN.—*Poisoning by Cyanide of Potassium, with a favorable result.* Deut. Klin., No. 13.

12. *Animal Poisons.*

TRIPE.—*On Sausage-poisoning.* Brit. and For. Rev., Jan., 1860.

J. A—, butcher, residing at Kingsland, a poor neighbourhood, sold on the 3d, 4th, and 5th of November, 1859, sausages consisting of lean beef, pork fat, and other materials. Of sixty-six persons who partook of them sixty-four were seized with symptoms of narcotico-irritant poisoning, consisting in burning pain of the pharynx and epigastrium, followed by vomiting and purging. The vomited matters contained much bile, and the evacuations were watery and peculiarly fetid. These symptoms were usually accompanied with prostration and giddiness, but in the fatal cases there was delirium and coma. The contents of the stomach and intestines in the fatal case, and the sausages, were examined by Dr. Letheby, but no poisonous substance was detected.

SCHROTER.—*Fatal Poisoning by Sausages.* Würtemb. Corr. Bl., p. 29.

13. *Chloroform.*

BEHREND.—*On the Dangers of the Inhalation of Chloroform; their Causes, and the Rule for their Prevention.* Henke, vol. xxxix, p. 3.

The author arrives at the following conclusions, which are important in a forensic point of view. When death follows the inhalation of chloroform, it may take place rapidly from paralysis of the respiratory and cardiac nerves, referable to the medulla oblongata, or more gradually and at a later period, from deficient reaction. It ought not to be had recourse to in operations of small duration unattended with much pain, because in these the advantage gained bears no relation whatever to the possible danger. In weakly, exhausted, or mentally depressed persons, it ought to be particularly avoided, as also in the presence of abnormal conditions of the heart, particularly softening and fatty degeneration, on which account it is a proper precaution to examine carefully the condition of that organ. Chloroform ought to be administered only by scientifically educated practitioners, and in the presence of one or two assistants, who ought also to be qualified persons. Certain previous preparations are indispensable, viz., as regards the patient, that he should not be submitted to the inhalation of chloroform either, on the one hand, with a full stomach, or, on the other, in a condition of exhaustion and depression; and as regards the administration, that the means of safety which may possibly be required should be at hand, particularly the apparatus necessary for artificial respiration, the instruments for tracheotomy, volatile stimulants, &c. Chloroform ought never to be administered in a low, confined room, but a large, airy, well-ventilated chamber must be chosen for the purpose. The patient must always be placed in a completely horizontal position, with the head but slightly raised; the chloroform vapour is never to be inhaled otherwise than as diluted with atmospheric air, the proportion of which to the chloroform ought always to exceed 92 per cent., and may be increased to 95 per cent.; or, in other words, the chloroform vapour, as inspired, ought to be mixed with from fourteen to nineteen times as much air. For this purpose a special apparatus is recommended, constructed, like that of Dr. Snow, in such a manner that the entrance of atmospheric air is regulated by the valves. If, however, it is wished to do without an apparatus, a folded cloth is recommended as preferable to a sponge. It must not be too thick, and must be loosely held on the nose, so as to admit of the entrance of air through its folds and below its edges. During the inhalation the pulse and respiration must be carefully watched by an assistant, who must keep his eye for the latter purpose on the epigastric region, and as soon as the pulse becomes weaker and the respiration more slow, or the patient begins to snore, the inhalation must be suspended. Ordinarily there occurs first a period of excitement, with a certain degree of consciousness, which is followed by anæsthesia. If the inhalation is continued, profound intoxication or collapse supervenes. This last stage is attended with danger, and must be by all means avoided; as soon as anæsthesia is produced the inhalation must be suspended, only to be resumed on the appearance of returning consciousness. If, in spite of every precaution, collapse should occur, as, owing to idiosyncrasy, occasionally happens immediately after the first stage, or even after the first two inspirations, recourse must be had to diffusive stimulants, aspersions of cold water, and other such means. In case of the supervention of apparent death artificial respiration must be commenced. For this purpose the finger is to be passed back so as to raise the epiglottis, and an elastic canula pushed into the larynx, by means of which air is to be blown into the lungs, and the thorax immediately after compressed; if this cannot be effected, tracheotomy is justifiable, for the purpose of introducing the canula. The employment of electricity is not justifiable. It is necessary to watch the patient for some time after the inhalation, for occasionally chloroform induces after-symptoms, which may be serious, viz., stupor, deficient development of animal heat, and general collapse—a condition which speedily terminates in death unless active stimulants are timely administered.

Chloroform may be administered without scruple to women during pregnancy and lactation; but caution is recommended in giving it during the puerperal state, and to old persons or children.

LINHART.—*Death by Chloroform.* Oest. Zeit., 1859, vol. v, No. 39. Canst., vol. v, p. 113.

In this case death took place eighteen and a half hours after the administration of chloroform to a healthy peasant, æt. 64, believed to be a drunkard, with a view to the extirpation of a tumour from the lower eyelid. An ounce and a half of chloroform was administered during half an hour, and produced only slight drowsiness. The patient remained well until next morning at six o'clock, when he suddenly died. On examining the body, twenty-four hours after death, all the organs were found healthy. The coagulability of the blood was slightly diminished.

Büchner.—*Case of Death by Chloroform.* Virchow, vol. xvi, pp. 5, 6. Canst., vol. v, p. 3.

A photographer, æt. 40, had suffered for six or seven years from gall-stones, on account of which he had taken gradually increasing doses of morphia, to the extent of twelve grains daily, but had subsequently diminished his dose to a grain and a half. From this time, whenever the pain increased, he was in the habit of inhaling in the course of a few days four to five pints of ether, and from eight to thirty ounces of chloroform, which afforded him relief, but subsequently produced crapular pains, which drove him again to the laudanum. He had, in the mean time, several attacks of mania, but showed himself to be a capable workman during the intervals. One morning Dr. Büchner found him in bed in the condition produced by long inhalation of chloroform, and breathing tranquilly; an hour afterwards he died. Subsequently all the organs were found unaltered, except that the gall-bladder contained seventy-two small gall-stones, and one as large as a bullet was found in the gall-duct.

Friedberg.—*Means of Recovery in danger of Death from Chloroform.* Virchow, vol. xvi, parts 5, 6. Canst., vol. v, p. 113.

The author had the opportunity, in the case of a child, æt. 4, to whom chloroform was administered for the extirpation of an encysted tumour of the eyelid, of testing the utility of various means of resuscitation. Irritation of the skin had no effect, inflation by the mouth was not tried, the methodical compression of the belly had no result. Recourse was then had to Faradization of the diaphragm. One of the excitors of Dubois-Reymond's induction apparatus was applied to the phrenic nerve at the point at which the omo-hyoid muscle crosses the outer margin of the sterno-cleido-mastoid, and the other excitor on the lateral wall of the thorax in the seventh intercostal space, and pressed as deeply as possible against the diaphragm. The Faradization was employed sometimes on the right side, sometimes on the left, and each time the circuit was kept closed for a time corresponding to a deep inspiration. The current was ten times interrupted, when an arching of the belly, produced by the contraction of the diaphragm, and a short hiccough, took place. When the current was interrupted, by way of experiment, a weak, spontaneous inspiration took place, which was followed by several others. After the third the countenance suddenly reddened, and the radial pulse became perceptible. The induction-stream was then discontinued, and although the breathing and pulse became weaker in consequence, they could be kept up by methodical compression of the belly, accompanied by friction, cold aspersions, and application of ammonia to the nostrils. Both functions were completely restored in twenty minutes after the commencement of asphyxia.

Kidd.—*On the nature of Death by Chloroform.* Med. Gaz., May 12th.

Dr. Kidd shows that, while no deaths have occurred in consequence of large amputations, resections, ovariotomy, or ligatures of large arteries, and but few in the practice of midwifery, two thirds of the whole number recorded have been cases of minor operations on sphincters or tendinous sheaths, of the extraction of teeth, or the operation for squint. He is of opinion that the stage of excitement which precedes anæsthesia is more dangerous than the latter. This he concludes from the fact that, in a total of 121 cases, fifty-four died before the operation, forty-two during the operation, and only twenty-five after it.

14. *Poisonous Gases.*

HASSE.—*Poisoning by Carbonic Oxide.* Pr. Ver. Ztg., 1859, vol. ii, No. 35. Schmidt, vol. 105, p. 41.

The following remarkable symptoms were observed in the survivors of five soldiers, who were exposed during the night to carbonic oxide, in consequence of the closure of the valve of a stove heated with coal. Two were found dead; in another death occurred in a few hours, being preceded by convulsions. Of the other two, one remained eight days unconscious, with fluctuating pyrexia, the pulse varying from 88 to 140, and was paralysed until his death, at the twelfth day. On the sixth day the whole surface was covered with bullæ of pemphigus, of various sizes; on the eighth consciousness returned, and the patient began to improve, but a new eruption of pemphigus followed, with profuse suppuration of the parts on which the patient lay; before death the extremities were motionless and the bladder paralysed; the urine was ammoniacal, and contained sugar.

In the second case consciousness returned after twenty-four hours; he remained, however, languid and apathetic. His bladder was permanently partially paralysed. Although he had only been in bed three days he had bed-sores, and extensive abscesses in the breast and left cheek, occasioned by subcutaneous extravasation of blood. The urine contained sugar, and the patient became extremely emaciated.

The following appearances presented themselves after death in the first three cases. The blood, which was thin, and of a cherry-red colour, was entirely uncoagulated. There was hyperæmia of the brain and its membranes, and of all the other organs, excepting the heart and thoracic vessels. In the fourth case this hyperæmia was much less marked; there was no trace of inflammation.

SIEBENHAAR and LEHMANN.—*Poisoning by Charcoal-vapour, its nature, prevention, and treatment; a Monographical Sketch for the use of Practitioners, &c.* Dresden, 1858. Canst., vol. vii, p. 10.

The symptoms and anatomical changes occurring in cases of death by charcoal vapour are the following:—(1) As constant appearances—rose or vermilion coloration of the soft parts, fluidity and bright colour of the blood, and remarkable repose in the attitude of the body; the discharge of fæces and urine with emission of semen, and vomiting in a state of unconsciousness. (2) As variable phenomena, present in special cases only—persistence of the heat of the body, retardation of putrefaction, unusual flexibility of the limbs, peculiar lustre and transparency of the epidermis, lasting an unnaturally long time; black or gray tinge of the nostrils, and a similar hue of the mucous membrane of the nares, mouth, and air-passages.

The authors also discuss the influence of various conditions in modifying the injurious action of charcoal-vapour, such as age, sex, and individual peculiarity, this last with reference to the great differences which exist between different individuals in their liability to be affected by an atmosphere impregnated with it.

Bolley.—*An Antidote against Inspired Chlorine.* Oesterlen's Zeitsch., vol. i, p. 1.

Dr. Bolley proposes to use a weak acid solution of aniline in water, to be applied to the nostrils on a handkerchief. The aniline is at once acted on by the chlorine, and converted into aniline *mauve.*

15. *Other Poisons.*

Rose.—*Poisoning by Alcohol.* Med. Gaz., Sept. 8.

A child, æt. 3, took at 11 a.m., May 28th, a quartern of raw rum and two ounces of gin. He at once fell insensible. When seen immediately after, he was comatose, the skin was warm, the pupil contracted to a pin point, the pulse was full and slow, and the face was flushed. Free vomiting was induced by sulphate of zinc and tickling the fauces. An hour after, the patient remained insensible, but could be roused by gentle flagellation; the pupils were largely dilated. Two hours after, no further progress having been made, a convulsive paroxysm occurred, followed immediately by death. On post-mortem examination eighteen hours after, the mucous membrane of the stomach was found to be injected at the cardiac extremity, but no other morbid appearance presented itself.

Casper.—*A new Poison.* Casper, vol. xvi, part 1. Canst., vol. vii, p. 16.

In this paper, nitrobenzid or nitrobenzin is treated of, as a poison easy to be obtained, on account of its cheapness as well as its use in the manufacture of perfumery. This liquid—first obtained by Mitscherlich, by the introduction of a small portion of benzin into warm fuming nitric acid, and washing the product with water—crystallizes in needles at 37·4° Fahr., has a sp. gr. of 1209 at 59°, boils at 415°. The density of its vapour is 4·4; its constitution is $C_{12}H_5NO_4$, according to which formula, and the mode in which it is obtained, it is regarded as a body derived from benzin, by the substitution for one of its atoms of hydrogen, of an atom of NO_4. It is only slightly soluble in water, but dissolves easily in alcohol, ether, and oils, the alcoholic solution being decomposed by zinc and hydrochloric acid, with the formation of water and aniline. In respect of its poisonous action, it is to be noted that it possesses a characteristic and powerful odour, indistinguishable from that of bitter almonds, so that this smell can no longer be exclusively relied on as an indication of the presence of prussic acid.

Pincus.—*Method of Detecting the presence of small quantities of Essential Oil of Mustard.* Journ. f. prakt. Chem., vol. lxviii, p. 113.

In a medico-legal investigation, the author availed himself of the reaction of the nitroprusside of sodium on sulphides as a means of detecting essence of mustard, by heating which with potash, sulphuret of potassium is obtained among other products.

MEDICAL RESPONSIBILITY.

Malpraxis.

Fritsche.—*The charge of Malpraxis against Obstetric Practitioners.* Zeitsch. für Mediz., Chirurg. u. Geburtsh. von Dr. A. W. Varges, vol. xiii, part 1. Canst., vol. vii, p. 18.

Toulmouche.—*On Judicial Autopsies in cases of Natural Death, and on the causes which give rise to those Mistakes.* Ann. d'Hyg. xiv, p. 210.

A collection of cases derived from an experience of thirty years, in which natural deaths became the subject of judicial investigation. The most frequent are those of cerebral hæmorrhage, pneumonia, and pulmonary apoplexy. Among the more uncommon causes of sudden death the collection includes a case of croup, of gangrenous abscess of the neck bursting into the pleural cavity, cases of typhoid fever, and phlebitis.

Kalisch.—*Medico-legal Opinions of the Royal Prussian Scientific Commission for Medical Affairs, &c.* Leipsic, 1859. *Cases* 1, 2, 3, 4, and 12.

Niemann (loc. cit).—*Injuries of the Female Organs of Generation; Autopsies of Women dying after Delivery.*

55. Death in consequence of partial reparation of the placenta; with reference to the obstetrical treatment employed. 56. Injury of the external organs. 57. Uterine hæmorrhage. 58. Gangrene of uterus; head of the child retained in the uterus; Cæsarean section. 80. Prolapse of the cord; death of the child by apoplexy; imputation of negligence against the practitioner.

Dambre.—*On the Discretion of the Practitioner, in its Medico-legal Relations.* Ann. Med. Psych., 3 ser., vol. v, p. 621.

Kalisch.—*On the Mistakes of Practitioners.* Leipzig, 3mo, pp. 315.

SIMULATED DISEASES.

Ebers.—*Hyperæsthesia of the Sense of Smell as a Forensic Question. A Thief Smeller. Opinion of the Royal Medical College of Silesia.* Casper, xvi, part 2. Canst., vii, p. 22.

Faber.—*Simulation of Stone in the Bladder.* Deut. Zeit., vol. xiv, part 1. Canst., vii, p. 22.

In this case bits of plaster of various sizes were introduced into the urethra, with simulation of the pains usually attendant on calculus. The cheat was discovered by submitting the material to chemical analysis.

Schaible.—*Opinion on a case of Pretended Mania.* Deut. Zeit., vol. xiii, part 1.

Krauss.—*Case of Pretended Imbecility of an Incendiary, heard before the Jury-court of Tübingen.* Friedreich, vol. x, part 1. Canst., vii, p. 22.

IMPOTENCE AND STERILITY.

SCHNEIDER.—*Medical Opinion given before the Supreme Court in a Divorce Case.* Deut. Zeit., vol. xiii, part 2.

In this case the application to have the marriage annulled was on the ground of partial hypospadias.

CHESNET.—*Malformation of the Genital Organs; Hypospadias; mistaken Sex.* Ann. d'Hyg., vol. xiv, p. 206.

PREGNANCY AND ABORTION.

KUSSMAUL.—*On Conception after Impregnation, (Nach-empfängniss), or on Superfœtation and Super-impregnation.* Deut. Zeit., vol. xiii, part 2. Canst., vol. vii, p. 23,

The word superfœtation (Ueberschwängerung) is limited by the author to signify the impregnation of several ova, matured during the same period of ovulation by one act of intercourse, a case which is proved to occur in the mare, and is probable in the human female; while super-impregnation (Ueberfruchtung) takes place when an ovum of the second or any subsequent ovulation after the commencement of pregnancy, is fecundated. The possibility of this occurring in the human female is also unproved, as all the existing cases of so-called superfœtation admit of other explanations. These cases may be divided into those of impregnation of two ova of the same ovulation, developed in different situations, and those where impregnation has occurred during extra-uterine pregnancy, and has been followed by the death of the embryo (superfœtatio impropria). No case has been reliably recorded in which a woman has conceived while a dead ovum was retained in the uterus. Neither the decidua nor the mucous plug of the os internum would offer any absolute obstacle to the penetration of the semen, but the ovum itself, as soon as it occupies the whole cavity of the uterus, would constitute such an obstacle. Inferences in favour of superfœtation are to be drawn from cases in which mature twin children have been born at intervals of several months. The most remarkable of these are subject to the explanation that the one was premature and born before the time, and that the development of the second was retarded, and that it was born after the time, an hypothesis which derives support from the remarkable observations of Bischoff and Ziegler on the development of the ovum of the roe.

VON KLETZINSKY.—*Abortifacients, considered in a Chemico-Legal point of View.* Oest. Zeitsch., vol. v, part 4. Canst., vol. vii, p. 24.

According to this author, abortifacients are to be divided in a chemical point of view into two classes, of which the first includes the more powerful emmenagogues and those substances which are supposed, rightly or wrongly, to exercise a special action on the pregnant uterus (compounds of boracic acid, ergot, and its alkaloid); and the second, all drastic purgatives, the more powerful emetics, and the sternutatories. Having arrived at the conclusion that the substance in question is an abortifacient, the chemist will direct his inquiries to the following drugs and chemical compounds:—the alkaloids, ergotine and veratrine; the metallic poisons, particularly the compounds of antimony, zinc, copper, and mercury; compounds of boracic acid; aloes and jalap; and lastly, tannin, the presence of which, in large quantity, will lead to the suspicion of savin, which may be further recognised by its volatile oil and other reactions.

FRIEDREICH.—*On Abortion.* Friedreich, 10, 6. Canst., vol. vii, p. 2.

In this case, an unmarried woman, confined with twins, was accused of attempting abortion, having confessed to have taken for this purpose, at the fifth month, a quantity of decoction of savin.

HELLER and VON KLETZINSKY.—*Judgment and Opinion on the Chemico-legal Analysis in the Proceedings taken in relation to a charge of Abortion with the Powders of B. M.* Oest. Zeitsch., vol. v, part 2.

In this case the chemical analysis of the powders yielded a negative result.

HELLER and VON KLETZINSKY.—*Judgment and Opinion on the Chemico-legal Analysis of the Tea taken by —— along with the Appendix to the proceedings taken against E. S— on the charge of Abortion.* Ibid., vol. v, part 3. Canst., vol. vii, p. 24.

In this case indications were obtained, by the comparison of the substances found with specimens of drugs reputed as abortifacients, with regard to their botanical and morphological characters, of the presence of laurel berries, althea root, flowers of red poppy, mallow, thyme, sneezewort, and six other drugs.

CHOULANT.—*Abortion and Murder. Superarbitrium of the Medico-chirurgical Academy of Dresden.* Casper, vol. xvi, part 1. Canst., vol. vii, p. 24.

A case of attempted abortion with ergot, oil of savin, of juniper, and of mace, aloes, jalap, and castor-oil. Poisoning of a child aged four months.

DELIVERY, BIRTH, AND INFANTICIDE.

MASCHKA.—*Opinion on the remains of the Body of an Infant found in a Canal.* Oest. Zeitsch., vol. v, No. 44. Canst., vol. vii, p. 24.

In this case it was assumed, from the progress of putrefaction, that the body had been immersed from eight to fourteen days. The mud in which the body was found had distinctly penetrated to the smallest branches of the bronchial tubes, affording proof that the infant had performed the inspiratory act; while, on the other hand, the state of the lungs gave no indication of having contained air. Two explanations were possible—either that the inspiratory act took place after immersion, so that the infant drew in water instead of air; or that the air was really inspired, but that all traces of its presence in the lung had been effaced by putrefaction.

VOLTOLINI.—*The Centre of Ossification of the Inferior Epiphysis of the Femur.* Casper, vol. xvi, part 1. Canst., vol. vii, p. 24.

The centre of ossification in this case furnished an exception to the rule, that a measurement of three lines affords ground for concluding that the child has lived. In this case it measured four and a half lines in a child who died immediately after birth.

MARKLIN.—*On Life and Respiration in the New-born Child.* Casper, vol. xvi, part 1. Canst., vol. vii, p. 24.

By the detection of foreign matters of various kinds, such as, in one case, black and white sand, in another the contents of a privy in the stomach and alimentary canal of two newly-born children, it was concluded that as such substances must have been ingested by the child after separation from the body of the mother, and must have entered the stomach by the act of swallowing, blood had circulated and breathing must have taken place.

VEZIN.—*On the question whether Incineration of the Body of a Newly-born Child, which was so complete that the remains of the bones only were left, was accomplished with an ordinary Fire in an ordinary Stove.* Henke, vol. xxxix, part 1.

Answer in the negative.

STADELMAYER.—*Accusation of Child-murder before the Jury of Lower Bavaria.* Ib., vol. xxxix, part 2.

SCHUEMACHER.—*Proceedings against A. N—, accused of the crime of Child-murder, attempted Abortion, and the offence of Concealment of Birth.* Oest. Zeitsch., vol. v, Nos. 22, 29.

MASCHKA.—Casper, loc. cit.

Case 5. Newly-born child, the body of which was found in a pond in a state of putrefaction, with a cord round its neck. Undecided opinion; probabilities in favour of still-birth.

BORN.—*Drowning of a New-born Child in a Privy.* Ib., vol. xvi, part 1.

BROSIUS.—*Doubtful mode of Death of a Newly-born Child found in Ice.* Deut. Zeit., vol. xiii, part 2.

NIEMANN.—*Medico-legal autopsies.* Loc. cit. *Part* 10. *Researches relating to the Vitality and mode of Death of New-born Children.*

74. Extreme degree of putrefaction; injuries of the skull. 75. Proof that respiration had taken place yielded by the lung-test, notwithstanding the destruction of several blood-vessels. 76. Fracture of the skull, produced, not by a fall on the ground, but by external violence. 77. Extreme degree of putrefaction; mark of a cord; proof that the cord had been applied to the living child, unsatisfactory. 78. Effusion of blood in the head, with fissure of skull; question whether consequent on birth or external violence. 79. Death by suffocation of a child buried in the earth. 81. Sugillation of the head; probably death by external violence. 82. Extreme degree of putrefaction; fissure of the skull. 83. Concealment of the body of a child. 84. Sugillations of the head, probably arising from external violence. 85. Sugillations of the head and softening of the brain. 86. Doubtful respiration. 87. Extreme degree of putrefaction; collections of blood in the head, possibly arising from this cause. 88. Sugillations of the head in a child not completely born, not consequent on birth.

MASCHKA.—*Indications of Apoplexy by Suffocation of a New-born Child, with simultaneous discharge of Blood from the forehead and nose; Death by Violence, probably in consequence of Pressure exerted by the Mother.* Oest. Zeitsch., vol. v, No. 48.

ROTHAMEL.—*Analysis of spots of Meconium, Vernix Cascosa, and Milk, made for the investigation of a case of concealment of birth and charge of child-murder.* Henke, vol. xxxix, part 1.

In these analyses meconium was indicated by the presence of fat, cholesterine, mucus, a fatty colouring matter, and the absence of biliary colouring matter and of the bile-acids. Vernix caseosa was inferred by the presence of fat, mucus, and carbonate of lime; the milk-stains exhibited the characters of the secretion of the mammary glands immediately after delivery, fat, sugar of milk, caseine, potash, lime, magnesia, hydrochloric, sulphuric and phosphoric acids, being detected.

HOFMANN.—*Cases of Child-murder.* Deut. Ztsch., vol. xv, p. 100.

SCHINDLER.—*The Remains of a Child found in Water.* Casper, vol. xvii, p. 247.

ERPENBECK.—*On the question of the Life of the New-born Child.* Casper, vol. xviii, p. 364.

FRICKHÖFER.—*Medico-legal Opinion on a Case of Child-murder.* Nass. Corr. Bltt., vol. i, part 2.

HOFMANN.—*Researches on Child-murder; Investigation in a case of Exposure of a Child.* Henke, vol. lxxx, p. 191.

LIMANN.—*On some cases illustrative of the Lung-test, observed in legal obductions. (Cases of Death by Drowning in the Newly-born.)* Monschft. f. Geburtsk., vol. xvi, No. 26.

IMMORAL ASSAULTS.

PENARD.—*On the Intervention of the Medico-Legist in questions of Immoral Assaults (Attendats aux Mœurs).* Paris, 1860, pp. 140.

The purpose of M. Penard's paper is to establish an identity and uniformity between the bar, the bench, and the medical expert, in the use of terms, with a view to the definition of the offence. He proposes to divide immoral offences into those in which public or private decency is merely outraged (l'outrage à la pudeur), those in which an immoral assault is committed without rupture of the hymen (l'attentat à la pudeur), those in which the hymen is ruptured, but not to such an extent as to admit of complete penetration (tentative de viol), and lastly, those in which the rupture is so complete (viol). The work contains numerous records of cases, and the author discusses in detail every point of medical evidence which is likely to present itself.

HASCHEK.—*Violation of a Child Eight Months old.* Oest. Zeitsch., vol. xxxii, No. 33.

The offence was committed by a lad of eighteen. There were redness, swelling, and great tenderness of the labia minora and of the parts adjoining the orifice of the urethra, rupture of the hymen, frænulum labiorum, and of the perinæum throughout, and laceration of the posterior wall of the vagina.

SCHUEMACHER.—*The Crime of Rape. Supposed Violation of A. M— when in a helpless condition (Somnambulism).* Oest. Zeitsch. vol. v, Nos. 67-9.

FORENSIC PSYCHOLOGY.

HOFFBAUER.—*On the Causes of the recent remarkable prevalence of Suicide, and its prevention.* (The Prize Essay of the German Society for the Promotion of Psychiatry and Legal Psychology.) Neuwied, 1859. Canst., vol. vii, p. 20.

In this work the subject is discussed in detail, and is illustrated by instructive cases. It is divided into four sections, of which the first treats of the mental constitution of man, and its relations to himself and the outer world. In the second, suicide is discussed generally; it is defined as intentional and conscious annihilation of one's own life, without virtuous motive, and considered in regard to the multiplicity of the means of its accomplishment, the condition of the suicide before and during the act, the influence of hereditary tendency, of temperament, of age and sex, its epidemic prevalence, and its communicability (Ansteckungs fähigkeit). The third section relates to the causes of the increased frequency of suicide. As predisposing causes are specified—great natural calamities, the scarcity of provisions, the increasing extravagance in matters of religion, with the corresponding increase around it of infidelity; while poverty, misfortune, gambling, speculation and swindling, corruption of manners, political disturbances, drunkenness, disease, continued pain, &c., are to be considered as the exciting causes. The author considers in the fourth section the means most effectual for the diminishing the frequency of suicide, some of the principal of which are—the improvement of popular education, the removal of restrictions on labour, free trade in the necessaries of life, the promotion of benefit societies, savings banks and life assurance, the prevention of mendicancy and over-population, the retrenchment of unnecessary expenditure and of the abuse of spirituous liquors, the abolition of gambling, the amendment of manners, and the promotion of true religion.

MAGG.—*An Answer to the Prize Question proposed by the Society for the Promotion of Psychiatry, &c., of Vienna, for the year* 1857. Deut. Zeit., Neue Folge, vol. xiii, part 2.

MÜLLER (OTTO).—*Suicide, a Psychiatrical Sketch.* Harburg, 1859. Canst., vol. vii, p. 20.

Dr. Müller looks at suicide entirely from the side of mental disease. In relation to its intrinsic and extrinsic causes, he divides cases of suicide into four main groups. The first includes suicide in which the act results from the existence of false notions in the mind, and life is sacrificed to a delusion, the reality of which is such that it annihilates all hope and desire. To the second belong suicides from melancholy, characterised by the existence of morbid sensations, particularly præcordial pain. This kind of suicide is often consummated early, at that period of the case at which the patient first ceases to be conscious of his disease as such, and begins to regard his sensations as real. The third and fourth group include suicidal acts which cannot be attributed to any actual mental disease, and must therefore be regarded as prepense acts; but even in these the author maintains the existence of a perversion of mind on the part of the suicide, by whatever other causes the act may be induced.

In relation to this condition he divides cases according to the mode and degree in which it manifests itself. In some cases a morbid tone of mind (Stimmung) exhibits itself in depression, sorrowfulness, and tædium vitæ, which are indications of disease of the sympathetic nerve, and of consequent abnormal conditions of the organs to which it is distributed. The extrinsic causes of suicide are, for the most part, the following—the mental feebleness which characterises our over-refined and sensitive age, the increase of bodily diseases which are dependent on deficient hæmatosis, and the form assumed by the political and social relations of the day. The author considers that the only way to diminish the frequency of suicide is to teach mankind how to counteract those injurious agencies, intrinsic to his nature, which result in mental and corporeal feebleness.

WILLERS-JESSEN.—*The main Questions of Medico-legal Psychology.* Casper's Handbook, Biological Part, Berlin, 1858. Deut. Klinik, 1859, Nos. 7, 9, 11, 14, 17, 18, 19, 20, 21. Canst., vol. vii, p. 26.

An unfavorable criticism of the doctrine of Casper, relating to the question of criminal responsibility. Jessen is of opinion that, in medico-legal investigations involving this question, the practical issue of the liability of the agent to the imputation of criminal motive ought to be the primary object of inquiry, and that it is in the end more conducive to the purpose in view to lay the foundation in a thorough investigation of the psychical state of the subject. For this purpose he considers it to be of the utmost importance to recognise and discriminate the several forms under which mental derangements manifest themselves, especially those which lie on the borders of somatic disease on the one hand, or of a healthy condition on the other. And he considers that no more satisfactory proof can be obtained of the existence of a mental disease than that which arises from the demonstration that it belongs to an already recognised nosological form.

ROLLER.—*On Mental Derangements, in their relation to the administration of Criminal Justice.* (Official Report of the Thirty-fourth Congress of German Naturalists and Physicians at Carlsruhe, Sept., 1858. Edited by the Secretaries, Eisenlohr and Volz. With five plates and sixteen woodcuts). Karlsruhe, 1859, pp. 22. Canst., vol. vii, p. 26.

Roller's report relates especially to those mental derangements which are difficult to recognise—*e.g.* those in which the manifestations of disease are limited to busy restlessness, wilful mischievousness, and unceasing quarrelsomeness, or in which the abnormality lies not in the nature of the conceptions, but in the coercive influence which they exercise on the mental life; to which may be added the so-called associated mental derangements (such as those which accompany epilepsy or other somatic diseases). The author defines the province of a medical witness very differently from the writer last referred to. He holds it to be his business to lay down whether or not, and in what manner, free mental action, inherent in man, is disturbed or suspended, referring for this purpose, only in the second place, to the actual forms of mental disease. He advocates the importance of placing the treatment of mental disease more completely in the hands of physicians, and the desirableness of giving to the medical profession a position of greater influence than they now possess, both as regards legislation on matters concerning insanity and in the administration of criminal justice.

ERLENMEYER.—*De Melancholia Transitoria.* Correspdbltt. der d. Gesell. f. Psych., vol. v, Nos. 8—10.

Acute melancholia may assume the form of successive, short, transitory attacks, recurring at shorter or longer intervals, or may come on in an isolated manner. A distracted temper of mind often precedes the attack for some time, which, however, may only be distinguishable in the condition of cerebral excitement consequent upon emotion or excess in spirituous liquors. During this period the patient expresses apprehensions either on his own account or on that of others, and even commits slight excesses, although he is in other things for the most part in an entirely normal condition. The attack may, however, come on without any warning; consciousness may be entire, so that the patient subsequently remembers all its details, or it may be annulled and memory wanting. Its fundamental character is that of mental anguish and despair, which is communicated to the distressing delusions under which the patient labours. Under their influence he imagines himself in danger, and attempts to defend himself, to seize and injure his enemies, or to make attempts against his own property or person.

Cases of neglected or unrecognised Brain Disease and Nascent Lunacy. Psych. Quarterly Abstr. in Journ. of Psych. Med., vol. xiii, p. lxiii.

This paper is founded on the cases of Whitworth, a lunatic, not before known to be so, who murdered his wife and six children in the Isle of Wight, in June, 1860, and on those of Kirkwood, Hinchcliffe, and Hopley.

T. Kirkwood, æt. 30, a soldier, was indicted for the wilful murder of E. A. Parker. The prisoner went to pass his furlough with his sister. While there he made acquaintance with the victim, a young widow residing in the neighbourhood. Shortly afterwards, in the course of a farewell embrace, he cut her throat with a razor. She died within a few hours after the injury, making a dying declaration that she knew of no motive for the act. The prisoner was habitually sober. Two of his comrades swore that he was eccentric and moody, and was in the habit of getting up at night. Baron Wilde directed the jury that mere eccentricity was not sufficient to excuse a man from the crime of murder; that it might well be that such a man should understand the distinction between right and wrong; but that they must acquit if they thought that his mind was so unsound that he did not know the character and quality of the acts he was committing. Verdict of acquittal, on the ground of insanity.

Mr. G. H. H—, æt. 33, a gentleman in good position, was married on August 3d, 1859, and immediately after went to Clifton with his wife. At the close of the day, after telling his wife that they could not be happy together, he suddenly left her and went to lodge elsewhere, and during th third night committed suicide by throwing himself out of a window. He had previously been nervous, but perfectly sane, and performed the duties of coroner for Staffordshire with credit.

Thomas Hopley, a schoolmaster, and a man of "high attainments," was tried at the Lewis assizes for the manslaughter of Reginald C. Cancellor, a boy, æt. 15. The lad exhibited no aptitude for learning, and was looked upon as being unusually obstinate by his master, who stated, when examined, "that the deceased was a very peculiar boy, and was not only very obstinate, but was also actuated by a determination not to learn anything;" "that he did not know the difference, or pretended not to know it, between a shilling and a sixpence." It was proved that, for a period of nearly two hours, the prisoner beat Cancellor with a skipping-rope and a stick, and that the boy either died under the punishment or very quickly after. The legs and arms exhibited, at the subsequent examination, very extensive contusions and subcutaneous lacerations, and two wounds as if by a pointed stick. The brain exhibited evidence of chronic hydrocephalus. Verdict of guilty. Sentence—four years' penal servitude.

The author infers, from the preceding cases, the extraordinary ignorance which prevails among all classes of society concerning the significance of some marked forms of brain disease. Had a degree of perversion corresponding to that witnessed in the functions of the brain, been manifested in the different cases in the functions of the heart, the intestines, or the muscular system, the need of the physician would have been at once felt and his aid sought. The author concludes in the words of Lelut:—"From complete or philosophical reason to delirium truly maniacal there are innumerable degrees, of which it would be advantageous that every man should have a general knowledge."

The remainder of the article relates to the recent occurrence of cases of attempted suicide, which, from the comparative triviality of the causes inducing the act, "indicate the existence of a most unhealthy tone of thought on the subject among certain of the metropolitan classes." The author refers not so much to suicides prompted by despair, and referable in general to mental disease, as to those "make-believes at *felo de se*" which are prompted by drunkenness or imposture, and generally take place within sight or call of timely assistance.

Homicidal Maniacs at large. Journ. of Psych. Med., vol. xiii, p. xii.

In commenting on the case of Pownall, a gentleman, who, having been recently liberated from an asylum, got up one morning and, without provocation, cut the throat of a maid-servant, in August, 1859, and on that of Moore, a mechanic, who murdered his wife at Finsbury under similar circumstances on the 28th November following, the editor remarks that the improper dismissal of these and other homicidal lunatics was fairly attributable to the popular outcry against the supposed unjust detention of individuals in private asylums, to the influence which this clamour has lately exercised on the bar and the bench, and the expression of such opinions by persons in high position, as that of Lord Shaftesbury, "that the opinion of a man of ordinary observation is better than that of a medical man in determining the question of insanity."

ARNOLD VON FRANQUE.—*On Delirium Tremens.* (An Essay submitted to the Medical Faculty of Munich, *pro venia legendi.*) Munich, 1859.

From statistical inquiries Franque concludes that there is a remarkable relation, as regards frequency of occurrence, between delirium tremens, crime, and insanity.

SKIPPER and SKIPPER *v.* BODKIN and others.—(Court of Probate, Dec. 8th.) Journ. of Psych. Med., vol. xiii, p. 118.

In this case the defendants, being relatives of the deceased, opposed probate of the will on the ground that at the time of its execution the deceased was not of testamentary capacity, and that he was induced to execute it through the undue influence of the plaintiffs and others. The questions placed before the jury were—(1) Did the testator understand the nature of his property? (2) Was he so importuned as to deprive him of his free judgment. Verdict for the plaintiff on the issue of capacity, for the defendants on that of undue influence.

WILLIAMS *v.* EVANS.—*Disputed Will.* (*Plea of Unsound Mind.* Court of Probate, May 18th.) Journ. Psych. Med., vol. xiii, p. 433.

The will was disputed on the ground that the deceased, who died at the age of seventy, had, before it was executed, had an attack of paralysis, since which he had become childish. Dr. Winslow, who had examined him during life with reference to a petition for a commission in lunacy, presented by the defendant, gave evidence in proof that he was a person of sound mind and capable of managing his affairs.

FRIEDREICH.—*Impulse to the gratification of a Vice as a motive to Crime.* Bl. f. g. Anthropol., vol. x, part 6.

KRÜGELSTEIN.—*On the condition of the Deaf and Dumb, and its relation to Legal Medicine.* Henke, vol. xxxix, part 1.

HOFMANN.—*Accusation of Qualified Murder.* (Proceedings before the Jury-court of Upper Bavaria.) Henke, vol. xxxix, part 1.

FLECHNER.—*Case of Incendiarism by a Lunatic.* Oest. Z., vol. v, No. 31.

MASCHKA.—*Medico-legal Contributions.* Loc. cit. *Cases 7, 8, and 9.*

7. Opinion on the mental condition of J. F—, accused of murder. Melancholia, with intercurrent mania. 8. Opinion on the mental condition of A. P—, guilty of murder. Mental derangement at a period long preceding the commission of the act. 9. Ditto of F. M—, accused of incendiarism. Opinion, either that he was not the author of the crime, but, influenced by insane delusions in the delirium of typhus, had set fire to his neighbour's house; or that he was the original contriver of the crime, which he accomplished in a state of mental derangement concurrent with typhus.

KRAUSS.—*Imputation of Incendiarism; Epilepsy; Imbecility; Pyromania; Viciousness; Question of Responsibility.* Casper, vol. xiv, p. 1.

BÜRNANN.—*Burning and Poisoning with Phosphorus by a Girl of twelve years.* Casper, vol. xvi. p. 2.

KALISCH.—Loc. cit. *Cases 6, 9, and 14.*

Case 6. Mortal injury; doubtful criminal responsibility; investigation of a previous question of doubtful disposing power settled by the act. 9. Question of murder, with doubtful responsibility; hereditary tendency to insanity. 14. Criminal responsibility of an incendiary, æt. 15; arrested development of the mental and bodily powers; legal liability to punishment according to age annulled by natural defect.

RATTINGER.—*Murder perpetrated by the student Ferner, under the influence of disappointment, on the object of his affections.* Friedreich, vol. x, No. 6.

BLOSFELD.—*Opinion on a doubtful Case of Suicide.* Deut. Zeit., Neue Folge, vol. xiii, part 1.

SCHLAGER.—*On the question of the Competence of Legal Psychology.* Oest. Zeitsch., v, Nos. 10 and 11.

The author mainly insists on the exclusive competence of the medical man to discriminate as to the existence and duration of all those conditions of mental disturbance which are dependent on or consecutive to acute disease of the brain.

LEGRAND DU SAULLE.—*On the Criminal Responsibility of Hysterical Persons.* Journ. of Psych. Med., xiii, p. 270.

The author discusses the question very fully, and disputes the legitimacy of a recent decision.

F. M.—*On Morbid Transports of Rage.* Friedreich, vol. x, part 1.

On Home Sickness. Ib., vol. x, part 1.

On Criminal Madness. Ib., vol. x, part 2.

DORIEN.—*On Drunkenness—Legal Superarbitrium.* Casper, xvii, p. 130.

GIRAUD-TEULON.—*On the Moral Responsibility of Hysterical Persons.* Gaz. de Paris, No. 53, 1860.

NEUMAN.—*On the applicability of the Idea "Deficiency of Mental Power" in the Legal Definition of Idiocy.* Casper, xvii, p. 164.

SCHUMACHER.—*On the Mental and Emotional Condition of a Person accused of Arson.* Oest. Ztsch., vol. v, No. 43.

WACHSMUTH.—*Is there such a thing as the so-called Impulse to Incendiarism? Or is the crime of Incendiarism in individuals, at the supervention of puberty, referable to other motives and conditions, and capable of explanation in this way?* Henke, vol. xl, part 1.

HOFMANN.—*Responsibility of a Murderer prompted by Excessive Love.* Henke, vol. lxxix, p. 286.

SCHMID.—*Opinion on the Bodily and Mental State of a Child-murderer.* Casper, vol. xvii, p. 260.

BILLOD.—*Simulation of Insanity. Medico-legal Reports.* (Extracted from the Ann. Med. Psych.) Paris, 8vo, pp. 44, 1860.

HOFMANN.—*Accusation of Theft; Question of Responsibility.* Henke, vol. lxxx, p. 191.

JESSEN (WILLERS).—*Incendiarism in Emotional and Mental Derangements.* (A Contribution to Forensic Medicine for Lawyers and Medical Practitioners.) Kiel, 8vo, pp. 335.

LÖWENHARDT.—*On the Anthropological Motives of Mental Deficiency.* Preuss. Ver. Zeit., N. F., vol. iii, p. 29.

POMAREL.—*Self-injury, consequent on momentary Loss of Consciousness.* Gaz. de Paris, 1860, No. 28.

WISTRAND.—*On the Medico-legal Discrimination of Bodily Injury in an Intoxicated Person.* Henke, vol. lxxx, p. 175.

REPORT ON PUBLIC HEALTH.

I. GENERAL TREATISES AND REPORTS.

SIMON.—*Report of the Medical Officer of Health to the Privy Council.* 1859.

The report consists of four parts, of which the first relates to public vaccination, the second includes inquiries relating to the causes of disease in single localities, the third to the mortality from diarrhœa, and the fourth to the prevalence of diphtheria. Under the head of public vaccination, the author, after giving a summary statement of the facts contained in his former report on vaccination, which prove the factitious and unprotective character of much of the prevailing vaccination in England, both public and private, relates the considerations which led the Privy Council to take steps for improving the qualifications of public vaccinators, and securing the efficient performence of their duties. The measures taken by the Privy Council in pursuance of the provisions of the Public Health Act, 1858, for promoting a better supply of vaccine lymph, are also narrated. To obviate the deficiency arising from too great subdivision, recommendations were made to the Poor Law Board, and through that body to the boards of guardians, suggesting a reduction of the number of stations, particularly in the metropolis and other large towns. This suggestion has been very extensively carried out. As a further means of promoting the same object, Mr. Simon reports favorably on the method recommended by Dr. Husband in the paper quoted below. The remainder of the report consists entirely of original contributions, of which an account will be found under the names of their respective authors.

PARKIN.—*The Causation and Prevention of Disease.* London, 8vo, 1859.

The author refuses his assent to the common opinion which refers the production of zymotic diseases to the decomposition of animal and vegetable matter, to overcrowding, or the use of impure water; and cites the innumerable instances in which persons subject to these influences are in the enjoyment of perfect health. He further shows that the known gaseous products of decomposition are each of them, taken separately, incapable of producing disease. He admits, however, the existence of poisonous elements in the atmosphere, which originate, not at the surface of the earth, but by "volcanic action" in its interior. "All general and specific diseases—or, in other words, epidemics and endemics—are due to the extrication of a gaseous substance from the interior to the exterior of the earth."

VERNOIS.—*Treatise on Industrial and Administrative Hygiene, comprising the Study of unwholesome, dangerous, and inconvenient Trades.* 2 vols., 8vo, Paris, 1860.

This work is divided into two parts, of which the first treats of the relations of public health with the administration; the second, which constitutes the greater part, of the various branches of industry, in their relation to health. The first part treats in succession questions relating to habitations, alimentation, the causes of accidents, and the means to be used for providing against them; nuisances arising from noise, smells, smoke; the questions of ventilation, warming, disinfection, in relation both to town and country life. The second part, of which the arrangement is that of an encyclopedia, contains all necessary details as regards the nature of the operations involved in each branch of industry, and the causes of its unwholesomeness.

II. MEDICAL STATISTICS.

BOUDIN.—*Treatise on Medical Statistics and Geography, and on Epidemic Diseases.* 2 vols. 8vo.

Boudin's comprehensive work is divided into two parts, of which the first treats of physical geography and medical meteorology; the second of man, regarded in a geographical point of view. Under the first head, the influence of season on conceptions, births, marriages, sickness, and deaths, is discussed. It also comprises sections on medical geology, or the influence of the earth's crust on the social relations and diseases of man, medical hydrology, meteorology proper, and climatology. The second part relates to the progress of population, and the mean duration and expectation of life, as modified by local and climatic peculiarities.

GAIRDNER.—*Infantile Death-rates in their bearings on Sanitary and Social Science.* Trans. Ass. Soc. Sc., p. 632, 1860.

The author founds important conclusions on the relation between the death-rate of infants under one year, and the rate of mortality of persons of all ages. From the statistics of mortality of a large number of urban and rural districts, he arrives at the conclusion that those causes which produce a high rate of general mortality have a still greater tendency to augment the death-rate of infants under one year. Thus he finds that in districts in which the general death-rate is 2 per cent., the infantile death-rate is seven and a half times greater; that in districts in which the former is 1·6 per cent., the latter is only six and a half times greater; that in those in which the former is 2·2 per cent., the latter is eight and a half times as great. In most instances in which the infantile death-rate is greater than it should be, the author is disposed to attribute it to the neglect of the family relation or the maternal duty, and, in some districts, to the employment of women in special industries, and the consequent interference with rearing of children. From the statistics of the metropolis Dr. Gairdner derives the alarming result that, while the death-rate of the west-end parishes is far below the average of town districts, the infantile death-rate is enormous; *e. g.*, the infantile mortality of St. George's, Hanover Square, is actually greater than that of Stepney.

Twenty-first Annual Report of the Registrar-General of Births, Marriages, and Deaths, in England. London, 8vo, 1860.

The report of the Registrar-General contains the usual aggregate of statistical information, in the form of tabular abstracts and summaries, for the year 1858. In discussing the summaries of the "Quarterly Returns," he draws the following inferences relating to the influence of modern improvements in sewerage on the public health in London and other large towns:—"The progress of sanitary measures in London has hitherto resulted in the removal of the impurities from the dwelling-houses into the sewers and the Thames." Thus "the poison is distributed conveniently along all the lines of road, so as to throw up its vapours into the mouths, throats, and lungs of the people through innumerable gully-holes, which are either untrapped or trapped imperfectly." This arrangement the author regards as an apparatus contrived by engineers as if for the very purpose of "passing currents of poisonous airs steadily over the people of London, with a view to ascertain their exact effects," but thinks that "it is now time that this cruel experiment should cease." He considers that the main causes of the insalubrity of London are, in the order of their fatal effect—1, impurities of dwellings; 2, impurities of streets and gullies; and 3, impurities of the Thames.

In a "Letter to the Registrar-General on the Causes of Death in England," which forms the appendix to the report, that subject is further very fully discussed by Dr. Farr.

Sixth Annual Report of the Registrar-General of Births, Deaths, and Marriages in Scotland. Edinburgh, 8vo, 1861.

Quarterly Returns of the Marriages, Births, and Deaths registered in the Divisions, Counties, and Districts of England. Nos. 45-48, 1860.

During the first, or winter quarter, the death-rate of England was slightly above the average, but below the rates of the two previous winters; it was 2·472, as compared with 2·46, the average of the ten preceding winter quarters. During the second quarter the rate of mortality was higher than in any corresponding period of the previous ten years, being 2·228, as compared with 2·195, the average. This is attributed to the ungenial spring season and the dearness of provisions. In the autumn quarter "a reduction of mortality is observable in the town and country districts, but it is by far the greatest in the town districts," in which "the rate of mortality fell from 2·375 to 1·842 per cent.; in the country and small town districts it fell from 1·759 to 1·587." This result is attributed to the low temperature and wet weather, with its consequent better supply of water, purification of sewers, and retardation of putrefaction. During the last three months the death-rate was still low, being 2·024, as compared with 2·182, the average. Upon making up the account for the year, the deaths are found to be 422,500, and the annual rate of mortality 2·113, or a little more than 21 in 1000. The average of the preceding ten years is 22, so that one life in every 1000 living was saved.

Weekly Tables of the Births, Deaths, and Causes of Death in London during the year 1860.

The population of London in the middle of the year was estimated to be 2,829,130. During the year 92,825 persons were born, and 61,821 died. The number of deaths per cent. during the year was 2·193. This may be favorably compared with 2·278, the mean death-rate for the five preceding years, or 2·429, the mean death-rate for the preceding twenty years. The low mortality of the year is specially referred to diarrhœa, the number of deaths from which disease was 1,383, as compared with 3,335 the corresponding number for 1859.

FRASER.—*On the excessive Infantile Mortality occurring in Cities and large Towns.* Trans. Ass. Soc. Sc., p. 648, 1860.

WALLACE.—*On some of the Causes of the High Rate of Mortality in Greenock.* Trans. Ass. Soc. Sc., p. 607, 1860.

EASTON.—*Poverty in relation to Disease.* Trans. Ass. Soc. Sc., p. 655, 1860.

BLACK.—*Statistical Notes of Newhaven and its Fishing Population.* Trans. Ass. Soc. Sc., p. 716, 1860.

Annual Report on the Medical Administration, Hygiene, Hospitals, and Sanitary Condition of the Freetown Frankfort for the year 1857. *Edited, with the co-operation of the Medical Staff, by the Medical Association.* Frankfort, 1859. Canst., vol. vii, p. 45.

This work is said by the reporter, Dr. Birkmeyer, to be so rich in well-worked material as to be a model. The first part is devoted to the topography of the town, and is divided into four sections, which treat severally of the special topography, soil, meteorology, and the progress and present state of the population, the authors being, in the same order, Dr. Lorey, Otto Volger, Wallach, and Varrentrapp. The second part consists of a general report by the senior stadt-physikus, and special papers on the statistics of mortality, on the deadhouses, on the innumerable hospitals and similar institutions of Frankfort, on the functions of the district medical officers for the poor. It concludes with the reports of the medical and scientific societies of Frankfort.

CHADWICK, C.B.—*Address on Public Health.* Trans. Assoc. Soc. Sc., p. 574, 1860.

LANKESTER.—*Notes on a recent Sanitary Legislation in the Metropolis.* Trans. Assoc. Soc. Sc., p. 666, 1860.

M'GOWAN.—*Sanitary Reform; its Value and Limits.* Trans. Assoc. Soc. Sc., p. 727, 1860.

POWERS.—*On the Diffusion of Sanitary Knowledge.* Trans. Assoc. Soc. Sc., p. 713, 1860.

Annual Reports of the Medical Officers of Health of the Metropolis—for the City of London and for the Parishes of St. Marylebone, St. Pancras, St. James, Islington, Shoreditch, Lambeth, St. Giles, &c.

Quarterly Summaries of the Sickness and Mortality in St. George's, Hanover Square.

Quarterly Reports on the Sanitary Condition of the Whitechapel District.

III. DWELLINGS.

PETTENKOFER.—*Air in Dwellings, and Ventilation.* Review by Dr. Hoppe in Virch. Arch., vol. xvi, p. 192. Canst., vol. vii, p. 54.

Pettenkofer objects to the employment of hot air without due provision for an adequate supply of moisture. He insists on the importance of porosity in the materials employed in the building of houses, and shows that carbonic acid is prevented from accumulating in dwelling-rooms by diffusion through the walls. Pettenkofer considers that a per-centage of 0·1 is the highest that is consistent with wholesomeness, not because a larger quantity would be in itself injurious, but because it would imply an injurious impregnation of the air with odorous organic matter. Very numerous experiments have led to this result. Pettenkofer has similarly shown that the proportion of carbonic acid actually existing in a closed room is always far less than can be accounted for by the number of individuals inhabiting it, this being owing to the constant exchange which is taking place between the atmosphere inside and outside, an exchange which is the more rapid the greater the difference of temperature.

HENNESSY.—*On the Influence of Climate on the Sanitary Conditions of different quarters of large Towns.* Trans. Assoc. Soc. Sc., p. 662, 1860.

SMITH.—*On the necessity for a Building Act for large Towns.* Trans. Assoc. Soc. Sc., p. 720, 1860.

NEWLANDS.—*On Sanitary Progress in Liverpool.* Trans. Assoc. Soc. Sc., p. 729, 1860.

M'GILL.—*On the Sanitary Condition of the lower localities of the City of Glasgow.* Trans. Assoc. Soc. Sc., p. 619, 1860.

WATSON.—*On the Measures required for improving the low parts of the City (Glasgow).* Ibid., p. 624.

RAWLINSON.—*Water-supply to Towns.* Trans. Assoc. Soc. Sc., p. 675, 1860.

GARRICK.—*Drainage of Glasgow.* Trans. Assoc. Soc. Sc., p. 679, 1860.

MACLEOD.—*Sanitaria for the Sick Poor of Glasgow.* Trans. Assoc. Soc. Sc., p. 883, 1860.

DRUITT.—*Is the Eradication of Domestic Pestilence possible?* Trans. Assoc. Soc. Sc., p. 693, 1860.

BARING.—*How the Dwellings of Operatives are to be arranged and kept Healthy.* (Prize Essay.) Basle, 1860, pp. 166.

BECKER.—*On the same subject.* (Prize Essay.) Basle, pp. 64.

SPRING.—*On the Shortening of the Duration of Life among the Working-classes of England, consequent on Unhealthy Dwellings.* Bayer Ärtz. Intell. Bltt., 1860, No. 15.

PAPPENHEIM.—*On Metallic Pipes, and their comparative relations to Drinking-water.* Mon. f. San. Pol., vol. i, p. 381.

SPENCER.—*Report on Gas Leakage.* Chem. News, July 14th.

MÖLLER.—*On the Methods of Discovering Moisture in Buildings.* Mon. Schr. f. San., vol. i, pp. 337, 354.

IV. HOSPITALS AND PUBLIC BUILDINGS.

ESSE (*Medical Director of the Charité Hospital at Berlin*).—*Hospitals, their Regulation and Administration.* With eight lithographic plates. Berlin, 1857, pp. 304.

The author divides his material into two sections, of which the one treats of the arrangement (Einrichtung), the other of the administration of hospitals.

Under the first head he includes the question of construction. He considers that large buildings are very far from being desirable, and every large general hospital ought to consist of several buildings, of not more than two stories, separated from each other by sufficient intervals, but all communicating with a central building devoted to the purposes of general administration and economy. Each separate building should be assigned to a category of diseases, which the author proposes to divide for the purposes of arrangement of patients into external, internal, syphilitic, contagious, and obstetric. As regards drainage, he recommends stoneware pipes of from eight to ten inches, or masonwork drains of eight inches wide, and twelve to fifteen inches high. As regards water-supply, he considers that fifteen cubic feet per day per patient—the quantity supplied in the Charité Hospital—is necessary for the purpose of baths, ward-sinks, and water-closets. For the wards he strongly recommends "patent flooring, the deals of which are glued together, and spread over with linseed-oil varnish, mixed with a little yellow ochre" (Goldochre). On the matters of heating and ventilation the work contains nothing new.

OPPERT.—*The Arrangement of Hospitals; Studies conducted in the course of a scientific journey.* With nineteen illustrations in copper and wood. Berlin, 1859.

This work treats only of some of the more important questions relating to the management of hospitals, and especially to those of ventilation. The author thinks that each ward ought to contain about thirty patients, each being supplied with 1200 cubic feet of air-space, a quantity which is, however, insufficient, unless means of ventilation are also in operation. Besides the large wards, he recommends that there should be small ones, containing two to seven patients. He declares in favour of the mechanical system of ventilation (*ventilation à pulsion*, or plenum ventilation), as superior in several respects to the aspiration system. The grounds of preference are—(1) that the quantity of air delivered can be modified according to the circumstances; (2) that the ventilation is not affected by season, and can be maintained in activity in summer as well as in winter, whereas in the method by aspiration the ventilation almost ceases in summer. The proper supply of air per hour per patient he estimates at forty cubic meters.

VERNOIS.—*Note on the new Warming and Ventilating Apparatus at the Hôpital Necker.* Ann. d'Hyg. Canst., vol. vii, p. 54.

The male side of the Hôpital Necker at Paris is ventilated on the plan most approved of by Pettenkofer, that of Dr. v. Hecke. A two-horse power steam-engine in the basement propels the air into three heating chambers, from which the wards and corridors are supplied. From the official report of Grassi it appears that the apparatus works economically, as compared with other methods, only 7·16 kilogr. of coal being required to yield 17,600 cubic meters of air; so that, it is found that the warming and ventilation of the Necker Hospital costs no more than the heating alone in the other hospitals, and that it presents the additional advantage of providing sufficient hot water, not only for the wards, but for baths for the out-patients.

BÖHM.—*On the Ventilation Question, with special relation to Hospitals.* Z. d. Gesellsch. d. A. z. Wien, pp. 18, 26, 28. Canst., vol. vii, p. 54.

Böhm criticises in succession the three methods of ventilation—the so-called natural method, that by aspiration, absurdly called the vacuum system, and that by pulsion (plenum system). He points out the impossibility, in many instances, of providing sufficiently for ventilation without the continuous employment of artificial means; and, from the comparison of the two opposite methods, pronounces in favour of that by aspiration; the main disadvantages of the pulsion system being that the necessary machinery requires constant supervision and attention, that a system of heating specially adapted to the ventilation is required, while its principal merit consists in the facility with which the supply of air can be varied and controlled according to the requirement.

FORBES.—*On Ventilation and Heating.* Trans. Assoc. Soc. Sc., p. 728, 1860.

MORIN.—*On the Employment of the Heat developed by Lighting Apparatus for Ventilation.* Compt. Rend., vol. li, p. 109.

WALTERS.—*On Experiments tried in England on the Employment of the Heat developed by Lighting Apparatus for Ventilation.* Compt. Rend., vol. li, p. 302.

HALLER.—*Ventilation and Warming of Nurseries and Sick-rooms—on the Principles of Prof. Meissner.* Second edition, Vienna, 8vo, pp. 30.

ADSHEAD.—*On Hospitals and Convalescents.* Trans. Assoc. Soc. Sc., p. 726, 1860.

V. AIR VITIATED BY FÆCAL EMANATIONS; DISINFECTION.

MCWILLIAM.—*Report on the Health of the Waterguard and Waterside Officers of H. M.'s Customs during* 1859.

After referring to the unusual prevalence of diarrhœa throughout the metropolis during the hot season of 1859, the author adduces facts and details showing that, although the number of cases that occurred among the officers of the customs was in excess of the previous year, it was not above the average of the four preceding years; and that, although cholera was imported into the Thames from the continent by at least three vessels in the course of the summer, the disease in no case spread. He therefore infers that "the river is neither capable of generating cholera, nor of forming a soil fit for the germination of the seeds of that disorder when introduced into it." In none of these instances mentioned was quarantine resorted to, or intercourse with the shore or other ships prevented.

The author shows that stench from the river first became observable after a heavy fall of rain, "which washed an immense quantity of sewage into the river at the time most favorable for its detention there, viz., when the tide had flowed about a third;" that from that time it increased as the temperature rose. From the high temperature which the atmosphere and the river attained during July and August, and the resulting rapid evaporation, as well as from the defective rainfall during the latter months of 1858, the quantity of fresh water diminished extremely; and, as a consequence, the tidal wave advanced much beyond its usual limit in the river, so that the river was as salt at London Bridge as it usually is at Greenwich. As the proportion of tidal water to fresh water increased or diminished, the stench exhibited corresponding variations, it being found that it was diminished by whatever causes tended to increase the fresh water or give force to the ebb flow. With the fall of the temperature which took place towards the end of August, the evil began steadily to abate.

BARNES.—*Report of the Vestry of the Parish of St. Leonard's, Shoreditch. "The Thames Theory of Disease."*

The author concludes, from his experience as physician to the Dreadnought Hospital, and as officer of health, that the theory that the Thames emanations form the source of disease is without foundation. He refers particularly to the fact that, during the hot weather of 1859, the public health was improving; and that, although cholera was three several times imported in a virulent form from Hamburgh, and the persons affected admitted into the Dreadnought during the heat of July, when the river was extremely offensive, it spread no further. He insists, in emphatic language, on the injurious use which has been made of this fallacy, as a justification for the enormous cost and inconvenience of the main drainage scheme.

THOMSON.—*Fourth Annual Report on the Health of the Parish of St. Marylebone, for* 1859.

In this report the same views as regards the absence of danger to the public health arising from the contamination of the Thames by sewage.

CHEVALLIER.—*On the possibility of Collecting Fæcal Matters, the Drainage therefrom* (*eaux vannes*), *and the Urine of Paris.* Ann. d'Hyg., vol. xiv, p. 97.

M. Chevallier, in this paper, describes a method invented by Lesage Götz, of Mulhouse. It consists in introducing and plunging into the cesspool a flexible hose, which is connected with a suction-pump worked by two men. By this means the contents of the cesspool are transferred into a butt containing about five hundred gallons. The gases which are disengaged in the operation are conducted by means of a tube furnished with diaphragms of wire gauze, for the purpose of preventing their explosion in the interior of the apparatus, into a small furnace of cast iron, where they are completely burnt by passing over burning charcoal. By this means a cesspool containing five hundred gallons can be emptied in twenty minutes, without the slightest annoyance either to the workmen or to the inhabitants. This method is now in successful operation in the towns of Cambrai, Lille, Mulhouse, St. Quentin, Valenciennes, and others. From the butt the fæcal liquids are transferred into close canal boats constructed for the purpose, which are minutely described by the author, in which they are conveyed to different parts of the country. The price actually realised is from two to three francs a cubic metre.

Report of MM. Michat, Dubois, and Boudet, to the Conseil de Salubrité du Dep. de la Seine, on the Transformation of Fæcal Matters into Manure.

In the vast depositories of fæcal matter at Paris, called "voiries," consist partly of solid matters, partly of "eaux vannes," the former constituting about 16 per cent. of the whole. It is proposed, after first disinfecting it with pyrolignite of iron, to mix the solid matter with plaster, in such quantity as to give it sufficient solidity to render it possible to dry it rapidly. This is again mixed with additional quantities of fæcal matter, and the process repeated four times. The final dried product contains, according to analysis, 2·05 per cent. of nitrogen. The "eaux vannes" are to be mixed with an equal volume of lime-water and allowed to stand. A deposit soon forms, which contains 1·77 per cent. of nitrogen and 3·48 of phosphoric acid.

At the close of their report, after giving a summary of the inquiries which have been made in London, the authors give an account of the method employed in Cologne, for preventing the escape of foul air from the sewers. It consists in filling up the shafts of the gully-grates with shavings impregnated with disinfectant fluids. Of these the lowest are impregnated with dilute sulphuric acid to absorb the ammonia; above these are arranged shavings steeped in milk of lime; and at the top, carbonate of lead mixed with four times its weight of milk of lime.

BLYTH.—*An Improvement in the Manufacture of a Manure from Sewage-waters and other fluids containing Ammonia or Nitrogenous Matter.* Chem. News, Dec. 1st, 1859.

When superphosphate of magnesia is added to sewage containing ammonia, triple phosphate of magnesia and ammonia is precipitated. The precipitate carries with it all the insoluble and nitrogenous matters held in suspension. The supernatant liquor is deodorized, and may be exposed to air without creating a nuisance. The great advantage which this process has over most others is that the matter added to the sewage is in itself a valuable manure.

DAUBENY.—*A Lecture on Sewage, delivered at Oxford.* Chem. News, March 24.

On the Influence of Sewer-air on Man. Ugeskrift for Laeger, Bd. xxviii, p. 435. Schmidt, vol. 105, p. 177.

A ground-labourer, æt. 40, after working for about three hours in a sewer, was obliged to leave off on account of the horribly stinking atmosphere. Next morning, after a sleepless night, he resumed his employment, but was at once obliged to discontinue and go home to bed. At first he suffered from languor, anorexia, and sleeplessness, with slight nocturnal delirium. There was no fever and thirst, and the tongue was clean. Pulse 80—90; bowels confined. After these symptoms had continued four days, an icteric tinge of the sclerotics, of the face and general surface, became perceptible. This did not become intense, and there was no corresponding alteration of the urine or excrements. On the eighth day there was hæmorrhage from the nares and pharynx. Extreme prostration followed, but was very promptly succeeded by an improvement in all the symptoms, which led to convalescence. The treatment consisted in fresh air, support, and stimulants.

REIL.—*The various Systems relating to the Arrangement of Privies.* Casper, vol. xv, part 2. Canst., vol. vii, p. 58.

Reil considers the subject under the heads of ventilation, water, supply, and disinfection. Under the last head he discusses the merits of charcoal, earthy matters, chlorine, lime, pyroligneous acid, carbonic acid, and metallic salts. He gives the preference, on the ground of economy, to sulphate of iron.

SIEBER.—*On the Sanitary Considerations relating to the Arrangements of Privies, with special reference to Berlin.* Casper, vol. xv, part 2. Canst., vii, p. 58.

In Berlin there are two kinds of closets, those furnished with moveable boxes, and ordinary privies. Waterclosets have been recently introduced, but are strongly condemned by the author, who is of opinion that the moveable boxes fulfil all hygienic requirements. These boxes are airtight. Every night the full one is removed and conveyed to a place of deposit outside of the town, where it is emptied, washed, and dried, and after three days again used. The author insists on the prohibition of cesspools in new houses, and their abolition in five years in old ones.

HOFMANN and FRANKLAND.—*Report on a Communication from Dr. Letheby, with reference to the quantity of Arsenic in Perchloride of Iron.* Chem. News, Aug. 11th.

In answer to a letter of Dr. Letheby, pointing out the "frightful danger" of using Dale's perchloride of iron, from its containing "not less than 238 grains of chloride of arsenic in the gallon," a quantity "sufficient to poison about forty persons," the authors show that its use in the proportion they recommend would imply a quantity of arseniate of iron in the deposit from the sewage so deodorized amounting only to one part in 3000, and therefore quite insufficient to act injuriously.

LETHEBY.—*On the Empoisonment of the Thames with Perchloride of Iron.* Chem. News, Aug. 18th.

A rejoinder to the above report.

VERSMANN and ROGERS.—*On the Presence and Effect of Arsenic in Dale's Patent Magnetic Muriate of Iron.* Chem. News, September 8th.

The authors show that the arsenic introduced into the river in the use of the muriate of iron must necessarily assume an insoluble form, and therefore become a constituent, not of the water, but of the mud. They give further chemical proof of the infinitesimal minuteness of the contamination.

ANGUS SMITH.—*Disinfection of the Sewage at Carlisle.* Lancet, Oct. 13, p. 365.

Smith gives an account of the employment of M'Dougall's disinfectant at Carlisle. He states that the whole sewage of Carlisle is rendered inoffensive, and at the same time profitably available for the purposes of agriculture, at a daily cost for the material used of 5*s.* 3*d.* He concludes from the results of this experiment that the problem of the utilisation of sewage is solved.

L'HÔTE.—*Comparative Analyses of the "Eaux vannes" and of the "Poudrette" from the Voiries of Paris.* Ann. de Ch. et de Ph., vol. lx, p. 199.

Comparative analyses of the "poudrette" resulting from the slow evaporation of the contents of the *voiries* at Bondy during twelve years, and the "poudrette" obtained by rapid evaporation of the liquors (eaux vannes) by a process analogous to that employed in the evaporation of saline waters of a feeble density, the substance being deposited by incrustation. This substance yields 65 per cent. of organic matters containing nitrogen, and 0·74 of ammonia. The poudrette yields only 47 per cent. of the former, and 0·85 of the latter.

DEMEAUX.—*On the Preparation of the Disinfecting Charpie.* L'Union Méd., 1859, p. 88.

VELPEAU.—*Report on the Disinfecting Powder of MM. Corne and Demeaux.* Gaz. de Paris, 1860, No. 7.

M. Velpeau, in his report to the Academy of Sciences on the disinfecting powder of MM. Corne and Demeaux, which consists of 100 parts of gypsum and three parts of coal-tar, pronounces favorably as regards its employment as a deodorant, and as a means of preventing the attacks of insects in dissecting-rooms, its principal inconvenience being its bituminous smell. M. Velpeau's report refers principally to the employment of the powder in surgical practice, in which its advantages are represented to be counterbalanced by its drawbacks.

RENAULT.—Bull. de l'Acad., xxiv, No. 20, p. 1132.

M. Renault's conclusions from experiments on putrid animal matters at Alfort are as follows:—Coal-tar, oil of turpentine, creasote, and ordinary tar, are all more or less disinfectant. Their power is increased by mixing them with gypsum. The mixture of common tar with gypsum is superior to that of coal-tar.

VIGLA.—*Coal-tar employed as a Disinfectant.* Jour. de Pharm., Oct., 1859, and Jan., 1860.

This paper relates to the surgical use of coal-tar as a disinfectant almost exclusively. The author's conclusions are unfavorable to the claims of MM. Corne and Demeaux.

KÜCHENMEISTER.—*On Disinfectants. Spirol, and its Therapeutic Applications.* Deut. Klin., No. xiii. Schmidt, vol. 106, p. 287.

Under the name of spirol, Küchenmeister describes phenic or carbolic acid as a colourless, crystalline body, which fuses at 34° Cent., and boils at 187°, and is obtained from oil of coal-tar as well as by the distillation of salicine (salicylic acid? Ed.) with lime. Küchenmeister has applied the carbolic acid with the most satisfactory results, both in medical and surgical practice and as a means of arresting putrefaction and preventing the development of fungi.

VOIGT.—*On the emptying of Latrines in large Towns from the point of view of Sanitary Police and Economics.* Henke, vol. xli, p. 70.

ABEGG.—*On the Purification of the Air in Hospitals.* Casper, vol. xvii, p. 282.

FINKELNBURG.—*On the New Method of removing the Refuse Materials of great Towns, with special reference to the Hydropneumatic Method of emptying employed in Turin and Milan.* Casper, vol. xviii, p. 107.

PIERRE.—*On the presence of Butyric Acid in certain Ciders and in Marsh Water, and on the inconvenience and dangers which may result therefrom. On the presence of this Acid in Earth, in the Soakage of Dunghills, and in rotten Beetroot.* Caen, 8vo, pp. 16.

LAMONT; PETTENKOFER.—*Observations on the Fluctuations of Surface-water, and the Infection of the Air arising therefrom.* Bayer. Arztl. Intell. Bltt., 1860, Nos. 9, 14, 15.

VI. OCCUPATION.

HEISE.—*Diseases of Workmen employed in Brickfields.* Casper, vol. xvii, part 2.

The author analyses minutely the injurious effects exerted on the workmen employed, by the successive processes in the manufacture of bricks. As, however, the mode of brickmaking in Germany differs from that employed in this country, and the extrinsic conditions to which the workmen are subject are also different, the results of the author are of less value. The practical improvements recommended consist in the limitation by law of the hours of labour and of the age of those employed, and of improvements in the general sanitary conditions to which they are subject.

BLÜMLEIN.—*Velvet and Silk Weaving, in relation to their Influence on the Body and Mind of the Weaver.* Casper, vol. xv, part 2. Canst., vol. vii, p. 66.

This paper comprises the results of the author's experience of thirty years of practice in a district of 250,000 persons, of whom one fifth were of the occupation in question. Its injurious influence on the health is attributable—1, to the exposure of the workman to pulverulent matter; 2, to the constrained position of the weaver, especially in velvet work, and the consequent increased pressure on the abdominal organs, which, the author believes, tends to the production of "chronic inflammations" and organic disease. The frequency of mental derangement terminating in melancholy he regards as an ulterior result of the same causes. 3. To the minuteness of the work and the incessant din of the loom, which result in diseases of the eyes and ears; 4, to the mode of life of the weaver and the unwholesomeness of his dwellings and workshops. To this last group of causes the author attributes very great importance.

LEFEVRE.—*On the Causes of the Dry Colic observed on board Ships of War, especially in the Equatorial Regions, and on the means of preventing their development.* Paris, 1860. Canst., vol. vii, p. 71.

A disease has prevailed of late years in the French navy, under the name of "dry colic," which has been the subject of much discussion, in relation to the question of its saturnine origin. In its symptoms it is not distinguishable from lead colic, and it is associated with the same nervous phenomena—paralysis of the extensors of the upper limbs, perversions of sensibility, neuralgic pains, and convulsions. The slate-coloured line along the edges of the gums is also observed. Against the opinion of Chevallier, that this disease is dependent on lead-poisoning, it is maintained by Dujardin and others that it occurs under conditions which preclude even the possibility of the introduction of lead into the system, and that its course and progress differ materially from that of colica pictonum.

Lefevre physician to the fleet at Brest, deals with the whole question in an elaborate work, divided into five sections, of which the first treats of the history of the disease; the second investigates the possible modes of introduction of lead on board ship, such as the cooking and distilling apparatus, the pumps and receptacles for fresh water, &c.; the third comprises the geographical distribution of the affection; the fourth the influence of meteorological and climatic causes, particularly of miasma, &c.; while the last is devoted to the means of prevention.

PEACOCK.—*On French Millstone-makers' Phthisis.* Brit. and For. Med.-Chir., Jan., 1860.

As no stone of sufficient hardness for the grinding of wheat exists in this country, a remarkably obdurate siliceous stone, known as French burr, is imported from France for this purpose. The blocks of this material are brought over in the rough state and shaped in this country, particularly in London, Liverpool, and other large towns, into such forms as to be fitted and cemented together into millstones, after which they still require finishing. The workmen engaged in these processes are constantly exposed to clouds of siliceous dust and fragments of grit. The author thinks that about fifty persons are employed in the trade in London, and was told by an intelligent foreman that he had known at least twenty persons die of chest affections. He details other facts in illustration of its injurious character. Two fatal cases are recorded, of which the one affords a characteristic example of tubercular phthisis, the other of chronic bronchitis, with consequent tuberculization. In the latter instance portions of the indurated lung-tissue, on being ignited, left a white ash, of which the part insoluble in hydrochloric acid was found to consist of small, angular, transparent granules, exactly resembling the finer portions of the siliceous dust collected from one of the workshops, from which fact the author infers that the dust is extensively inhaled, and "tends in persons of healthy constitution to the production of chronic bronchitis and asthma, and in those inheriting a constitutional predisposition to phthisis to the development of tubercle." As prophylactic measures, Dr. Peacock recommends that only men who have attained to maturity should be allowed to enter the trade; that exposure to cold, indulgence in spirituous liquors, and irregular modes of life, should be specially avoided, and the workshops should be well ventilated; that the stone should be, if possible, worked in a wet state; and lastly, that the men should wear respirators whenever exposed to the dust.

PUTÉGNAT.—*Diseases of the Glasscutters of Baccarat.* Bulletin de l'Acad. de Méd., vol. xxv, p. 31.

The workers in glass and crystal are all liable to an affection of the gums, attended with the loss of the teeth and a peculiarly offensive odour, as well as to phthisis, in frightful proportions. The former affection attacks 95 in every 100 workmen, generally commencing after being three months at the occupation. Soon the gums become soft and spongy, the teeth rapidly decay and break off at the alveoli, without either pain or bleeding. The liability of both diseases M. Putégnat attributes rather to the extreme humidity and bad ventilation of the workshops than to the inspiration of dust.

SCHIRMER.—*Diseases of the Miners of Grüneberg* (*Silesia*). Ann. d'Hyg.

In the coal-mines of Grüneberg coal is, for the most part, won in a pulverulent condition, on which account the workmen are more subject to its mechanical agency. From the statements of Schirmer it appears that the condition of the miner in Germany contrasts strongly with the experience of this country. The mines are very ill ventilated, the air is vitiated by rotten timbers, and the men are obliged to ascend and descend by ladders. Their pay is small, their dwellings wretched hovels, their diet miserable, rarely comprising meat. Owing, however, to the strict prohibition of all spirituous liquors, they are healthy. The principal diseases are catarrh and rheumatism.

HERMANN.—*Diseases of Workmen in the Quicksilver Mines of Idria.* Wiener. Med. Wochensch., 1858, Nos. 40—43.

The works at Idria are of three kinds :—1. Mining. 2. Preparation of metallic mercury. 3. Preparation of cinnabar. 516 men are employed, 448 of whom at a time are employed in mining; all the men are engaged in turn at the other works. In 1856, 122 cases of disease occurred, viz., 27 of neuralgia, 14 of mercurial articular pains, 6 of mercurial tremors, 16 of salivation, 2 of caries. By far the greater number of cases of mercurial disease occur while the men are engaged above ground in the preparation of the mercury. In spite of the unfavorable conditions under which they exist, octogenarians are often met with among those who have been workmen, which the author explains by the fact that very great care is taken of them while employed, and that at the end of ten years they have a right to a pension, &c. Prophylaxis consists in the employment of a respirator, the use of milk and cod-liver oil, the habit of chewing tobacco, and the employment of frequent baths. All the inhabitants of the valley, and even the animals, are liable to be affected with mercurial symptoms.

HOUSSELLE.—*Suffocation in the Gas of Mines.* (Superarbitrium of the Royal Commission for Medical Affairs.) Casper, vol. xvi, p. 161.

KECKEIS.—*The Gas Explosion in the Franziska Pit at Padochau.* Wien. Med. Woch. Schrft., vol. xxxv, p. 36.

MARTEN.—*On the Injuries and Diseases to which Coal-miners are exposed.* Casper, vol. xvi, pp. 264—277.

POGGIALE.—*On the Fabrication and Employment of Lucifers.* L'Union Méd., Jan. 11, 1860.

The author proposes the following improvements, with a view to counteract the dangers incident to the manufacture and use of matches, viz. : the more complete separation and ventilation of the buildings and workshops ; the exclusion of sulphur as an ingredient ; the substitution of nitrate of potash for chlorate of potash ; the prohibition of the sale or transport of lucifers, otherwise than in strong boxes, &c. Poggiale concludes his report as follows :—The vapours of phosphorus disengaged in lucifer manufactories are injurious to the workmen, who are affected by phosphoric necrosis. Inflammable paste of ordinary matches is extremely poisonous, has already given rise to a number of suicides and murders, and is therefore a source of danger to the public. In the manufacture of lucifers, phosphorus in its ordinary state ought therefore to be prohibited. The following pyrogenic substances might be substituted, viz.—1. A paste without phosphorus, consisting of ten parts of dextrine, seventy-five of chlorate of potash, thirty-five of binoxide of lead and of iron pyrites. Matches made of this substance require vigorous friction to inflame them. 2. According to another method, the match is charged with chlorate of potash, and must be rubbed against a surface covered with red or amorphous phosphorus.

KOLB.—*A contribution to the elucidation of the Injurious Character of certain Occupations.* Ztsch. f. Hyg., vol. i, p. 375.

BEHREND.—*On the Influence of Occupation upon Health and Mortality:* 1. *Engine Drivers and Stokers.* 2. *Butchers.* 3. *Vulcanite Workers.* 4. *Coal-miners.* Henke, vol. lxxx, part 1.

KELLER.—*On the Diseases prevailing in the Mirror Factories of Bohemia.* Wien. Med. Wchnschr., No. 38.

PAASCH.—*The Berlin Tailors' Workshops, and the great Mortality among them by Consumption.* Pr. Ver. Ztg., N. F., vol. iii, p. 20.

VII. IMPRISONMENT.

VAN DEN BUSCH.—*On the Physical and Psychical Influence of the Cellular System on the Prisoners at Christiania.* Henke, part 1.

From the experience of the prison at Christiania, the conclusion was unavoidable that the system of seclusion could not be continued without exercising the most prejudicial influence on the corporal and mental condition of the prisoners. Unnatural perversion of the temper and disposition, often accompanied with an excitement of the emotions and passions, sometimes with marked depression, were constantly observed, and suicidal attempts were frequent. The author concludes that isolation is a most valuable and necessary element of prison discipline whenever the period of detention is short, but, in the opposite case, is inapplicable.

ERLENMEYER.—*Does Imprisonment exercise a distinctly Injurious Influence on the Mind, and is this influence attributable to isolation?* Corr. blatt d. d. Ges. f. Psychiatrie, No. 3.

Erlenmeyer maintains that, in most cases prisoners who become insane during their detention had exhibited more or less distinct indications of mental disturbance during their previous life. His conclusions, however, are equally decided as regards the unfavorable influence of solitary confinement in rapidly developing, if not in originating, mental disease.

VIII. EDUCATION.

SCHRAUBE.—*Attention to Health in Schools; School-education from the Forum of Hygiene and Sanitary Police.* Henke, vol. lxxix, p. 244.

SCHREBER.—*On Children's Games, in their physical and mental aspect, and the necessity of regarding them in the light of Education.* Jahrbuch f. Kinderheilk., vol. iii, p. 247.

IX. FOOD.

DAUGLISH.—*On a new system of Bread Manufacture.* Chemical News, May 5th, 1860.

Dr. Dauglish's process essentially consists in preparing dough in an atmosphere of carbonic-acid gas, the tension of which is equal to several times that of the external air, in such a manner as to yield, independently of fermentation, a bulky, elastic mass, capable of being baked into light, spongy bread. The advantages which the author claims are the following: it reduces the time necessary for the production of the dough from eight or twelve hours to less than thirty minutes, thus doing away with much of the unwholesome character of the bakers' occupation; and secondly, it renders possible the production of palatable bread, from inferior or deteriorated flour without the use of alum.

DELARUE.—*Is the addition to Wheat-flour of a small proportion of Beans detrimental?* L'Union Méd., 1859, No. 14.

A dealer was convicted in a penalty of twenty-five francs, of selling wheat-flour adulterated with beans. On this occasion it was shown in evidence by M. Delarue that the addition of 2 per cent. of bean-meal to flour improves the quality of the bread, as such flour is capable of absorbing 2 or 3 per cent. more water than when unadulterated. When added in the proportion of 4 or 5 per cent. it communicates a dark colour and disagreeable smell and taste. In larger proportions it prevents panification altogether.

CARSON.—*On a New Method of Slaughtering Cattle.* Lancet, Sept. 29th, p. 315.

Mr. Carson's method consists in making an incision on each side into the thorax, between the fifth and sixth ribs, so as to allow of the free entrance of air. Death takes place immediately, with very little loss of blood, and the meat obtained is superior in tenderness, flavour and juiciness, to that killed by the ordinary mode.

GAMGEE.—*Unwholesome Meat.* Lancet, Dec. 15th, p. 595.

The author draws attention to the frequent sale for food of the flesh of diseased animals, and the necessity of employing educated inspectors.

Alleged Adulteration of Pepper. Pharmac., April, p. 534.

Information was laid against Messrs. Wright, Crossley & Co., on the 16th of March, at the Liverpool Police Court, under the 59th George III, 53, for having adulterated their pepper with mustard-husks. Various chemists gave evidence of the adulteration, which were met by the contrary testimony of Dr. Inman and others. Other informations against retail dealers were heard, April 17th, at Prescot, against certain retail dealers, for the same offence, the pepper having been purchased from the firm above mentioned. Similar evidence was repeated and confirmed by Mr. Phillips, Prof. Archer, Dr. Edwards, and others.

PHILLIPS.—*Report on the Excise Laboratory; from the Report of the Commissioners of Inland Revenue.* Chem. News, Sept. 15th.

This report contains important information on every kind of food adulteration. During the year 1859, 9631 samples of food were analysed.

ADRIAN.—*On Milk, in relation to its Sale at Paris. Modes of preserving it, adulterations which it undergoes, and means of counteracting them.* Paris, 8vo, pp. 23.

MINCHIN.—*Means of determining the Quality of Milk.* Chem. News, Sept. 1st.

DANKWORTH.—*On the Testing of Milk.* Arch. d. Pharm., vol. 105, p. 257. Schmidt, vol. 105, p. 398.

PFAFF.—*Research on the Falsification of Beer, and suggestions for a sanitary supervision of Beer.* Henke, vol. xl, pp. 60-9.

GUYOT.—*On Testing Wine.* (Bull. agricole;) Rev. de Thér. Méd.-chir., vol. xxvii, p. 19.

WENKE.—*Beer, and its Adulterations.* Weimar, 8vo, pp. 71.

X. COSMETICS.

CHEVALLIER.—*On Cosmetics: their Composition, and their Dangers in relation to Health.* Ann. d'Hyg., Vol. xiii, p. 89. *On White Cosmetics.* Ibid., p. 342.

These papers were occasioned by the trial and conviction in Paris of a perfumer, who supplied cosmetics to the principal theatres. The proceedings in question related to the use of carbonate of lead, under the names of silver white, alabaster white, &c., which it appears are used by dramatic artists very generally for the purpose of increasing the brilliancy of the complexion. The greater part of the paper is devoted to this subject. It includes a series of detailed cases, all of members of the dramatic profession, in which the symptoms of saturnine intoxication presented themselves in great variety. These symptoms were for the most part neurotic, consisting of impaired sight, dyspepsia, constipation, and colic, accompanied with general loss of health. There was always emaciation, and the general aspect was peculiar; the expression assumed a character of sadness, and the skin not only lost its freshness, and became dry and scurfy, but often assumed a discoloration which lasted some time when exposed to air containing sulphuretted hydrogen. The silver white answers its purpose so much better than any of its substitutes—viz., subnitrate of bismuth, oxide of zinc, or French chalk—that actresses persist in using it, although aware of its dangers. Chevallier proposes a new cosmetic, consisting of equal parts of oxide of zinc and talc, which he finds to yield a cosmetic of great brilliancy. The rest of the paper is devoted to other cosmetic preparations. He criticises in succession dentifrices, depilatories, emulsions, pomades, powders, &c.

XI. EPIDEMIC AND ENDEMIC DISEASES.

GREENHOW.—*On Diphtheria.* London, 1860.

The first three chapters are devoted to the history of epidemics of diphtheria from the sixteenth century to the present time, from which it is shown that although diphtheria as an epidemic disease is new to the present generation of medical practitioners, it was well known, and has been accurately described under other names, by several of the older physicians. In the third chapter the author shows that, although diphtheria has generally appeared as a wide-spread epidemic, it sometimes occurs in a sporadic form, and at others has been so limited in its extent, or has adhered so tenaciously to particular places, as to resemble rather an endemic than an epidemic disease. In the fourth chapter, which is devoted to the resemblances and differences which exist between diphtheria and scarlatina, numerous instances are related in which the one disease was followed by the other, and in which several attacks of the former followed each other at long intervals in the same individual. In the third chapter the human and brutal diseases which at various times and places have been observed to be coincident with diphtheria are described, and the relation of local and personal causes to the epidemic are considered. The author states that his inquiries and personal observation have entirely failed to connect its occurrence with the defective construction of houses, or with uncleanliness of dwelling, imperfect drainage, or any other cause of offensive effluvia. He refers to, and confirms, the frequent experience of practitioners, that the worst cases have occurred among their most wealthy patients. He regards dampness as an auxiliary, but not as a principal cause of diphtheria. As regards its communicability Dr. Greenhow has seen no facts which indicate that it is contagious by actual contact. He admits that the disease is communicable by direct transmission from the sick to the healthy, but not by fomites.

GREENHOW.—*Diphtheria in Essex, Suffolk, Derbyshire, Gloucestershire, Hampshire, Lincolnshire, Warwickshire, Worcestershire, Staffordshire, Cheshire, and Norfolk.* Report of the Medical Officer of Health to the Privy Council, for 1859, p. 167.

This report is the result of journeys, undertaken by order of the Privy Council, to various parts of England in which diphtheria has been epidemic, for the purpose of making inquiry regarding the symptoms, causes, and mode of diffusion of the disease. The paper deals entirely in facts and observations, and gives no general conclusions.

SANDERSON.—*Diphtheria in Lincolnshire, Staffordshire, Northamptonshire, Kent, Devonshire, and Cornwall.* Ibid., p. 237.

A report of the same nature as the above. As regards the causes and mode of diffusion of diphtheria, the author arrives at the following conclusions:—That it exhibits no preference for low-lying or damp districts as compared with those which are dry and airy, and that in the counties of Lincolnshire and Kent those villages which are situated on the marshes were remarkably exempt from its invasion; that there is no reason to suppose that diphtheria is more prevalent in localities where the atmosphere is contaminated by putrid emanations, than in those which are free from this condition; that poverty appears to exercise no predisposing influence to diphtheria; that the liability to diphtheria is greater in children above one year than in infancy or adult life; that when diphtheria and scarlatina prevailed in the same district, it very frequently happened that those who had previously had scarlatina were attacked by diphtheria, and *vice versa;* that the one disease did not predispose to the other, or the contrary, but that in children suffering from scarlatina the local affection often assumed during its progress the diphtheritic character; that in many districts diphtheria prevailed fatally in the absence of scarlatina; that as regards personal communication, when an individual suffering from diphtheria was introduced into a locality in which no cases had before occurred, the disease frequently extended to those residing under the same roof, but rarely to neighbouring households, but that there was no instance in which it could be concluded that the disease was directly transmitted from the sick to those in health, independently of its epidemic prevalence in the locality; that the circumstances of the first appearance of diphtheria in a new locality were often such as to preclude even the possibility of personal communication.

GULL.—*Diphtheria in the Metropolis.* Ibid., p. 297.

With reference to the origin of outbreaks of diphtheria in localities in which it did not before exist, Dr. Gull did not meet with any instance in which it was attributable to personal communication, but when diphtheria occurred where there were many children the disease affected several. "An exposed locality is as liable to diphtheria, and perhaps more liable, than sheltered spots." "In only two instances could the malady be attributed to improper drainage or ventilation," and in those cases in which the malady came on in the course of other affections Dr. Gull "could discover no local conditions which determined it."

GREENHOW.—*On the Prevalence and Causes of Diarrhœa at Coventry, Birmingham, Wolverhampton, Dudley, Merthyr Tydfil, Nottingham, Leeds and Manchester, with Chorlton and Salford.* Ibid., p. 65.

The very extended inquiry, of which this paper contains the results, was undertaken in pursuance of the provisions of the Public Health Act, 1859. It had for its object the investigation of the causes of the extraordinary prevalence of fatal diarrhœal diseases in the localities named, as well as of the general increase of diarrhœa during the last twenty years. The results obtained were as follows:—1. The influence of epidemic epochs has been most marked, and the years in which diarrhœa has occurred in an epidemic form have been nearly the same, in all the districts, but the intensity has varied in the several places. 2. The larger number of deaths have occurred in the months of August, September, and October. 3. A very large proportion (four fifths in most of the districts) have been those of children below the age of five years. This fact is attributed (but not exclusively) to "the mismanagement of infants, arising from the employment of the mothers in factory labour." 4. "The excess of mortality has been in all places coincident with one or other of two definite local circumstances—*a*. The tainting of the atmosphere with the products of organic decomposition, especially of human excrement. *b*. The habitual drinking of impure water. The former of these causes is the most prevalent.

Report on the Epidemic Yellow Fever at Lisbon, in 1857. *Published by the Extraordinary Council of Public Health.* Folio, pp. 251. Review in Brit. and For. Rev., October, 1860.

The epidemic appeared in Lisbon in August, and culminated on the 20th of October, after which it gradually, but not uninterruptedly, declined. "It travelled by slow and successive steps from one street to another, and even from house to house, according to their proximity." It was most destructive in the low, central, and crowded parts of the city, while the "west end" was almost exempt.

GRANELLI.—*Record of Medico-political Facts and Principles on Cholera Morbus.* Padua, 8vo, 1859.

MILROY.—*Report of the Proceedings of the Committee on Quarantine.* Trans. Ass. Soc. Sc., 1860, p. 697.

RITTER.—*On the Ways and Means of Protection against Cholera, according to the most recent observations.* N. deut. Zeitsch. vol. xiii. part 2.

HILLIER.—*Fourth Annual Report on the Sanitary Condition of St. Pancras, for* 1859.

This report contains important returns, showing the degree to which the practice of vaccination was neglected in the metropolis previously to the outbreak of smallpox at the close of 1859. In the schools of St. Pancras, which were inspected by the author with a view to the prevention of smallpox, containing 8324 children, 456 were found to be without marks of vaccination, and 1218 had but indistinct indications. The author also describes the prophylactic measures adopted by the officers of health in combination throughout the metropolis, and especially those directed to the promotion of vaccination, viz.:—1. The compilation of lists of children not appearing as vaccinated on the registers of births, followed by personal visitation of all such children. 2. Medical inspection of all public schools, and of private schools when permission could be obtained. 3. Inquiries made by the sanitary inspectors, in the course of their rotatory domiciliary visitation, as to the vaccination of the children inhabiting the houses inspected. In St. Pancras these means were successfully brought to bear on more than 5000 cases of neglect.

BERG.—*The Protective Power of Vaccination.* Henke, vol. xxxix, p. 420.

From Berg's tables of the births, population, and mortality of Sweden in the years 1748—1849, and of the special mortality from smallpox and the number of vaccinations, it is shown incontestably that vaccination, although not affording certain protection against smallpox, has deprived the disease of its former desolating power. Vaccination appears to have first become general in the year 1805. After this period the annual mortality from smallpox only exceeded 1000 in five years, viz. 1825—(1243), 1833 (1145), 1838 (1805), 1839 (1954), 1850 (1007). These were all years in which smallpox prevailed epidemically. Comparing them with epidemic years previous to 1805, we have in 1752 a mortality of 10912, in 1784, 12455, in 1765, 17375, in 1800, 12058. According to Professor Berg, no observations have been made in Sweden favouring the assumption that scrofula, eruptive fevers, or other diseases, had increased or become more malignant since the introduction of vaccination.

HUSBAND.—*On the Method of Preserving Vaccine Lymph.* Report of the Medical Officer of Health to the Privy Council, for 1859, p. 20.

Dr. Husband describes minutely the method, first introduced by himself, of preserving lymph in a liquid state within uniformly capillary tubes, hermetically sealed at both extremities.

CEELY.—*On the same subject.* Ibid., p. 24.

Mr. Ceely visited Edinburgh by direction of the Privy Council, for the purpose of inquiring into the efficacy of Dr. Husband's method, which is generally employed by the profession there, and, indeed, throughout Scotland. He saw perfect results obtained by vaccination with specimens of lymph which had been thus preserved for as many as seven years, and relates other facts which, in his opinion, conclusively establish the advantages of the method.

LATOUR.—*Comparative Efficacy of Vaccine taken from Arm to Arm, and of Vaccine preserved in Glass.* L'Union Méd., 1860, No. 58.

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